02/01/2007 08:26

(Rev. 02/2003)

Image# 27960044911

### FEC FORM 3X

Use

Only

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Libertarian National Committee 1 1 1 1 1 2600 Virginia Ave NW ADDRESS (number and street) Suite 200 Check if different than previously Washington DC 20037 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00255695 Χ REPORT OR (A) (N) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 02 0 1 2006 02 28 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Aaron Starr Type or Print Name of Treasurer Electronically Filed by Aaron Starr 02 0 1 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** 

### Image# 27960044912

### SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Libertarian National Committee D D <sup>®</sup> D 0 2 0.2 28 0 1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand -14339.51 <sup>°</sup>2006 January 1 (b) Cash on Hand at 10786.22 Begining of Reporting Period ..... 96742.29 189377.66 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 107528.51 175038.15 6(a) and 6(c) for Column B) ..... 94203.19 161712.83 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 13325.32 13325.32 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 45.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 138126.64 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
Libertarian National Committee

Report Covering the Period:

From:

м м 0 2 01

2006

то.

м м 0 2 <sup>D</sup> 2<sup>B</sup>

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	28809.50	46011.50
	(ii) Unitemized	59394.40	132930.27
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	88203.90	178941.77
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	800.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	88203.90	179741.77
2.	Transfers From Affiliated/Other Party Committees	180.00	1277.50
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	4650.14	4650.14
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	3708.25	3708.25
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	96742.29	189377.66
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	96742.29	189377.66

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 74415.51 141925.15 Expenditures..... (c) Total Operating Expenditures 74415.51 141925.15 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 19787.68 19787.68 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 94203.19 161712.83 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) 94203.19 161712.83 from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	88203.90	179741.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88203.90	179741.77
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	74415.51	141925.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	. 4650.14	4650.14
38. Net Operating Expenditures (subtract Line 37 from Line 36)	69765.37	137275.01

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 158	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••	THE MILES RESERVED		Detailed Summary Page	X 11a 11b 11c 12	
Δ.	winformation assign from auch Bonarta and St	totomonto mo	, not be cold or used by any nore	13 14 15 16 17	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	Libertarian National Committee				
Α.	Full Name (Last, First, Middle Initial) James P Adams			Date of Receipt	
	Mailing Address 13099 Ginger Ct			02 / 13 / Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.182718	
	Manassas	VA	20112-4618	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Renex Corp	Occupation		Contribution	
	Receipt For:		e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼		500.00		
В.	Full Name (Last, First, Middle Initial) David Aitken			Date of Receipt	
	Mailing Address 1240 Ogden St Apt 4			02 23 2006	
	City	State	Zip Code	Transaction ID: SA11A1.182243	
	Denver	CO	80218-1930	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		359.00	
	Name of Employer U2Logic	Occupation Compute		Contribution	
	Receipt For:		Year-to-Date ▼		
	Primary General	33 -3		7	
	Other (specify) ▼		419.00		
<u>с</u> .	Full Name (Last, First, Middle Initial) Mett B Ausley			Date of Receipt	
	Mailing Address 3412 Waccamaw Shor	es Rd		02 01 2006	
	City	State	Zip Code	Transaction ID: SA11A1.182621	
	Lake Waccamaw	NC	28450-9442	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer Cypress Pathology	Occupation Physician		Contribution	
			e Year-to-Date ▼		
	Primary General		600.00	7	
	Other (specify) ▼	0 0	000.00		
s	UBTOTAL of Receipts This Page (optional)			1159.00	
$\vdash$					
T	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 158	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any pers		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
	Libertarian National Committee				
Α.	Full Name (Last, First, Middle Initial) Bernard Baltic			Date of Receipt	
	Mailing Address 12550 Lake Ave Apt 11	11		02 14 2006	
	City	State	Zip Code	Transaction ID: SA11A1.182487	
	<u>Lakewood</u> OH		44107-1569	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1500.00	
	Name of Employer Self employed	Occupation Market R		Contribution	
	Receipt For:		e Year-to-Date ▼		
	Primary General		1500.00	1	
	Other (specify) ▼	0 0	1500.00		
В.	Full Name (Last, First, Middle Initial) Ruth E. Bennett			Date of Receipt	
	Mailing Address 4512 46th Ave S			02 22 2006	
	City	State	Zip Code	Transaction ID: SA11A1.183155	
	Seattle	WA	98118-1407	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		359.00	
	Name of Employer Zuno Travel	Occupation	1	Contribution	
		travel cor			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		359.00		
_	Full Name (Last, First, Middle Initial)			D. (D. )	
C.	Marla J. Bottemiller  Mailing Address PO Box 40175			Date of Receipt	
	Walling Address PO Box 40175			02 08 2006	
	City	State	Zip Code	Transaction ID: SA11A1.181870	
	Bellevue	WA	98015-4175	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		229.00	
	Name of Employer Information Requested	Occupation Information	n on Requested	Contribution	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	229.00		
[	UBTOTAL of Receipts This Page (optional)			2088.00	
$\vdash$	ODITION OF THEOERIES THIS Fage (optional)				
T	OTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 8 / 158
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
_	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	Libertarian National Committee			
A.	Full Name (Last, First, Middle Initial) Edward Carta			Date of Receipt
	Mailing Address 14 Sable Valley			02 / 07 / 2006
	City	State	Zip Code	Transaction ID: SA11A1.182762
	14 Sable Valley	TX	78258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Rancher	1	Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼		1000.00	
В.	Full Name (Last, First, Middle Initial) Allen E Chantelois			Date of Receipt
	Mailing Address 5555 N Meade St			02 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.182620
	Appleton	WI	54913-8382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CHN	Occupation Physician		Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		700.00	1
	Other (specify) ▼	0 0	700.00	
C.	Full Name (Last, First, Middle Initial) Harold W Cheney			Date of Receipt
٠.	Mailing Address 300 Pingree Dr			M M / D D / Y Y Y Y
				02 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.182715
	Worthington	OH	43085-4039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer OCLC	Occupation Programn		Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		270.00	
S	UBTOTAL of Receipts This Page (optional)			1110.00
$\vdash$				
T	OTAL This Period (last page this line number	only)	<b>.</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 158
ITEMIZED RECEIPTS			or each category of the	(check only one)
••		Detailed Summary Page		X   11a   11b   11c   12   13   14   15   16   17
Δn	y information copied from such Reports and Si	tatements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Libertarian National Committee			
_	Full Name (Last, First, Middle Initial)			B . (B
A.	Thomas A Chervenak  Mailing Address 351 Lake Catherine Cir	-		Date of Receipt
	Walling Address 551 Lake Catherine Cir			02 14 2006
	City	State	Zip Code	Transaction ID: SA11A1.182042
	Crossville	TN	38558-3806	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	 1	Contribution
	Retired	Retired		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼	0 0		1
В.	Full Name (Last, First, Middle Initial) William Collins			Date of Receipt
	Mailing Address 505 Mallory Ct			M M / D D / Y Y Y Y
				02 23 2006
	City	State	Zip Code	Transaction ID: SA11A1.181337
	El Paso	TX	79912-4228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	Contribution
	Highlands Regional, LP	Healthca	re CEO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Office (Specify)	0 0		-
C.	Full Name (Last, First, Middle Initial) Douglas B Cox			Date of Receipt
	Mailing Address 860 University Ridge D	r		02 02 YYYY 02 02 2006
	City	State	Zip Code	Transaction ID: SA11A1.181191
	Reno	NV	89512	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.  Name of Employer			
			า	Contribution
	Mixed Signal Infegration	Engineer		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1000.00	
	□ Other (Specify) ₩		0 0 0 0 0 0 0	-
				1750.00
S	UBTOTAL of Receipts This Page (optional)			1730.00
T	OTAL This Period (last page this line number	only)	<b>]</b>	

SCHEDULE A	A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 10 / 158
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
II EMIZED RE	CEIPIS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Any information copi or for commercial pu	ed from such Reports and St rposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of solic solicit contributions from	iting contributions such committee.
NAME OF COM	MITTEE (In Full)				
Libertarian Na	tional Committee				
A. John P Cunningha	First, Middle Initial) am			Date of Receipt	
Mailing Address	335 Washington St			02 21	2006
City		State	Zip Code	Transaction ID: S	A11A1.180895
Norwell		MA	02061-1900	Amount of Each Re	eceipt this Period
FEC ID number of federal political co		C			1000.00
Name of Employe J. Cunningham &	er k Assoc.	Occupation	n r Consultant	Contribution	
Receipt For:			Year-to-Date ▼		
Primary Other (spec	General cify) ▼		1000.00	]	
Full Name (Last, Jeremy S Davis	First, Middle Initial)			Date of Receipt	
Mailing Address	7539 Brompton St		0 2 / D D D 2 7		
City		State	Zip Code	Transaction ID: S	A11A1.182295
<u>Houston</u>		TX	77025-2267	Amount of Each Re	eceipt this Period
FEC ID number of federal political co		C			500.00
Name of Employed Self-employed	er	Occupation Informati	n on Requested	Contribution	
Receipt For:		Aggregate	Year-to-Date ▼		
Primary Other (spec	☐ General cify) ▼	0 0	500.00	]	
Full Name (Last, David DePriest	First, Middle Initial)			Date of Receipt	
Mailing Address	2632 Shadow Bluff Dr	NE		0 2 0 1	
City		State	Zip Code	Transaction ID: S	A11A1.180978
<u>Marietta</u>		GA	30062-2568	Amount of Each Re	eceipt this Period
FEC ID number of federal political co		C			10.00
Name of Employe DePriest Associa	er ates, Inc.	Occupation Consulta		Contribution	
Receipt For:		Aggregate	e Year-to-Date ▼		
Primary Other (spec	☐ General cify) ▼		220.00		
SUBTOTAL of Rec	eipts This Page (optional)				1510.00
				-	
TOTAL This Period	d (last page this line number o	only)			

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 158
ITEMIZED RECEIPTS		or each category of the	(check only one)
••	LIVIIZED REOLII 13	Detailed Summary Page	X 11a 11b 11c 12
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or	y information copied from such Reports and Statements for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
$  \rangle$	Libertarian National Committee		
$\angle$			
	Full Name (Last, First, Middle Initial)		Data of Danaint
Α.	Victor Dostrow  Mailing Address PO Box 1320		Date of Receipt
	Walling Address PO Box 1320		02 27 2006
	City State	Zip Code	Transaction ID: SA11A1.182625
	Ridgeland MS	39158-1320	Amount of Each Receipt this Period
	FEC ID number of contributing		359.00
	federal political committee.		339.00
	Name of Employer Occup	ation	Contribution
	Name of Employer MS State Hospital Physic		
		gate Year-to-Date ▼	7
	Primary General	050.00	1
	Other (specify) ▼	359.00	
R	Full Name (Last, First, Middle Initial) Melodee Eby		Date of Receipt
٥.	Mailing Address 624 N Longford Ln		M M / D D / Y Y Y Y
	Walling / Red 1000 024 N Longiture En		02 21 2006
	City State	Zip Code	Transaction ID: SA11A1.182206
	Wichita KS	67206-1818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		250.00
	federal political committee.		230.00
	Name of Employer Occup	ation	Contribution
	Colt	maker	
	Receipt For: Aggree	gate Year-to-Date ▼	
	Primary General	250.00	1
	Other (specify)	250.00	
	E HALL OF LANGE LINE		
C.	Full Name (Last, First, Middle Initial) Christopher Edgar		Date of Receipt
	Mailing Address 501 Forest Ave Apt 706		M M / D D / Y Y Y Y
			02 27 2006
	City State	'	Transaction ID: SA11A1.182297
	Palo Alto CA	94301-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		500.00
	federal political committee.		
	Name of Employer Occup Information Requested		Contribution
	IIIIOIII	nation Requested	
		gate Year-to-Date ▼	. [
	Primary General Other (specify) ▼	500.00	
	□ Other (specify) ♥		1
Г	L		
S	UBTOTAL of Receipts This Page (optional)		1109.00
$\vdash$			
Ιт	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 158	3
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17
Δr	y information copied from such Reports and St	atomonte may	y not be cold or used by any perso		1/
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$\rangle$	Libertarian National Committee				
A.	Full Name (Last, First, Middle Initial) William H. Eustis			Date of Receipt	
	Mailing Address 703 N 51st Ave			02 28 7 2006	
	City	State	Zip Code	Transaction ID: SA11A1.181361	
	<u>Yakima</u>	WA	98908-2516	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer None	Occupation Retired	ı	Contribution	
	Receipt For:	Aggregate	Year-to-Date ▼	7	
	Primary General		500.00		
	Other (specify) ▼	0 0	500.00		
В.	Full Name (Last, First, Middle Initial) John P. Evans			Date of Receipt	
	Mailing Address 515 Lake St S Apt 305			02 21 2006	
	City	State	Zip Code	Transaction ID: SA11A1.180996	
	Kirkland	WA	98033-6446	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Solutions, IQ	Occupation	1	Contribution	
	Solutions, IQ	Consulta	nt		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) William Ferry			Date of Receipt	
	Mailing Address 322 Florence Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	7
	City	State	Zip Code	Transaction ID: SA11A1.183628	
	Bay Village	ОН	44140-1213	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1267.50	
	Name of Employer Pierce for Governor	Occupation Campaig	n Manager	Contribution	
	Receipt For:		Year-to-Date ▼		
	Primary General		1007.50		
	Other (specify) ▼		1267.50		
s	UBTOTAL of Receipts This Page (optional)			2017.50	
Т	OTAL This Period (last page this line number of	only)	<b>)</b>		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 / 158
	-		Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		71	
$\rangle$	Libertarian National Committee			
۹.	Full Name (Last, First, Middle Initial) William W Hall			Date of Receipt
	Mailing Address 11002 Stegman Forest 0	Ct NE		02 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.180764
	Rockford	MI	49341-8742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Warner Norcross & Judd LLP	Occupation Attorney	1	Contribution
	Receipt For:		Year-to-Date ▼	+
	Primary General Other (specify) ▼	7.99.094.0	590.00	
	Caror (openity) V		1 1 1 1 1 1 1	1
3.	Full Name (Last, First, Middle Initial) Vince Hanke			Date of Receipt
	Mailing Address 6795 Sunbriar Dr			0 2 1 6 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.182665
	Cumming	GA	30040-6589	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer V & L Management Co	Occupation President		Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
Э.	Full Name (Last, First, Middle Initial) Wayne E Harley			Date of Receipt
	Mailing Address 1315 Richmond Dr			02 22 2006
	City	State	Zip Code	Transaction ID: SA11A1.183002
	Melbourne	FL	32935-5325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Rockwell Collins Avionics	Occupation Sr Eng T	n est Technician	Contribution
	Receipt For:	-	Year-to-Date ▼	7
	Primary General Other (specify) ▼		300.00	
	(Special) <b>\</b>			1
s	UBTOTAL of Receipts This Page (optional)			645.00
			<u>`</u>	
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 158
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13   14   15   16   17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the national states.	tements may ame and ado	rnot be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Libertarian National Committee			
۹.	Full Name (Last, First, Middle Initial) Sharon Harris			Date of Receipt
	Mailing Address 12 Indian Ridge Ct			02 09 2006
	City	State	Zip Code	Transaction ID: SA11A1.183626
	Rydal	GA	30171-1660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1325.00
	Name of Employer Advocates for Self Gov't	Occupation President		Contribution
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	1325.00	
3.	Full Name (Last, First, Middle Initial) Bert G Hassler			Date of Receipt
	Mailing Address 128 Elkins Ave			02 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.182342
	Arcadia	CA	91006-1711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupation	1	Contribution
	Retired	Retired		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	400.00	
		0 0		
Э.	Full Name (Last, First, Middle Initial) Ken Heinemann			Date of Receipt
	Mailing Address 611 W Via Alamos			02 21 2006
	City	State	Zip Code	Transaction ID: SA11A1.182191
	Green Valley	AZ	85614-3971	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Retired	Occupation	1	Contribution
		Retired	<del>-</del>	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Cities (opcosity)	0 0		
s	UBTOTAL of Receipts This Page (optional)			1625.00
Т	OTAL This Period (last page this line number or	ıly)		
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 15 / 158
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
"	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Libertarian National Committee			_
A.	Full Name (Last, First, Middle Initial) Gregory T Hertzsch			Date of Receipt
	Mailing Address 120 Hills Dr			02 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.181090
	Clarksville	IN	47129-2539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Vivid Impact, Inc.	Occupation	1	Contribution
	Receipt For:	Driver	Voor to Data	
	Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼	0 0	320.00	
— В.	Full Name (Last, First, Middle Initial) Rob Hodgkinson			Date of Receipt
	Mailing Address 16310 Kenneth Rd			0 2
	City	State	Zip Code	Transaction ID: SA11A1.181782
	Stilwell	KS	66085-9059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Information Requested	Occupation	on Requested	Contribution
	Receipt For:		Year-to-Date <b>V</b>	_
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	1000.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) John M Inks			Date of Receipt
	Mailing Address 49 Showers Dr # W-314			02 21 2006
	City	State	Zip Code	Transaction ID: SA11A1.182209
	Mountain View	CA	94040-1408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
			1	Contribution
			Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
				2010.00
S	UBTOTAL of Receipts This Page (optional)		······	2010.00
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 158
ITEMIZED RECEIPTS			or each category of the	(check only one)    X   11a
-			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	ry information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
/	Libertarian National Committee			
۹.	Full Name (Last, First, Middle Initial) Clint Jones			Date of Receipt
	Mailing Address 2241 S Lowell Blvd			02 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.182603
	<u>Denver</u>	CO	80219-5306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	0 0 0 0	250.00
				Contribution
	Name of Employer Down to Earth Inc	Occupation Owner/P		
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1	300.00	1
	Other (specify) ▼		300.00	
3.	Full Name (Last, First, Middle Initial) Daniel M. Karlan			Date of Receipt
	Mailing Address 97 Manhattan Ave			M M / D D / Y Y Y Y
	City	State	Zip Code	02 07 2006
	Waldwick	NJ	07463-2228	Transaction ID: SA11A1.181842  Amount of Each Receipt this Period
	FEC ID number of contributing		07100 EEE0	
	federal political committee.	C		359.00
	Name of Employer	Occupation	n	Contribution
	Self employed	Author		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		459.00	
		0 0	0 0 0 0 0 0 0	-
<b>)</b> .	Full Name (Last, First, Middle Initial) Daniel M. Karlan			Date of Receipt
	Mailing Address 97 Manhattan Ave			M M / D D / Y Y Y Y
	City	State	Zip Code	0 2 1 3 2 0 0 6 Transaction ID: SA11A1.182010
	Waldwick	NJ	07463-2228	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		
	Name of Employer Self employed	Occupation	n	Contribution
	Receipt For:	Author	e Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	559.00	]
				709.00
S	UBTOTAL of Receipts This Page (optional)			709.00
T	OTAL This Period (last page this line number or	nly)		

_				FOR LINE NUMBER: DACE 47/450
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 158 (check only one)
IT	EMIZED RECEIPTS		or each category of the	
•	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
<u> </u>		arric arra aac	sieds of any political committee to	Solicit Contributions from Such Continues.
/	NAME OF COMMITTEE (In Full)			
/	Libertarian National Committee			
	Full Name (Last First Middle Initial)			
Δ	Full Name (Last, First, Middle Initial) Jeremy Keil			Date of Receipt
٠.	Mailing Address 5620 S Denis Ct			M M / D D / Y Y Y Y
	Walling Address Sozo S Denis Ct			0 1 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.181291
	Hales Corners	WI	53130-2148	Amount of Each Receipt this Period
	•		30100 2140	Amount of Each Necept this Feriod
	FEC ID number of contributing federal political committee.	C		25.00
	rederal political committee.			
	Name of Employer Thrivent Financial	Occupation	n	Contribution
	I hrivent Financial	Financial	Associate	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		494.00	
	Full Name (Last, First, Middle Initial)			
3.	Erik C Kelley			Date of Receipt
	Mailing Address 6617 S Palm Dr			M M / D D / Y Y Y
				02 23 2006
	City	State	Zip Code	Transaction ID: SA11A1.182512
	Tempe	AZ	85283-3705	Amount of Each Receipt this Period
	FEC ID number of contributing	С		150.00
	federal political committee.	<u> </u>		100.00
	Name of Employer	Occupation	n	<ul><li>Contribution</li></ul>
	Laboratory Corp. of Ameri-	Medical L		
	ca Receipt For:		e Year-to-Date ▼	_
	Primary General	riggrogate	real to Bate V	1
	Other (specify)		400.00	
	cuiei (epeeiij) 🔻		0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
Э.	Brendan Kelly			Date of Receipt
	Mailing Address 17 Ayer Cir			M M / D D / Y Y Y Y
				02 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.181074
	Seabrook	NH	03874-4002	Amount of Each Receipt this Period
	FEC ID number of contributing			359.00
	federal political committee.	C		333.00
	Name of Employer	Occupation	<u> </u>	Contribution
	Name of Employer National Wrecker Svcs	Dispatch		
	Receipt For:		e Year-to-Date <b>V</b>	-
	Primary General	riggrogate	real to Bate V	1
	Other (specify)		359.00	
			1 1 1 1 1 1 1	
SI	JBTOTAL of Receipts This Page (optional)			534.00
			•	
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 158
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
۸n	y information copied from such Reports and Sta	tomonte ma	y not be sold or used by any person	13 14 15 16 17
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	osolicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Libertarian National Committee			
<u> </u>	Full Name (Last, First, Middle Initial) Brendan Kelly			Date of Receipt
٦.	Mailing Address 17 Ayer Cir			M M / D D / Y Y Y Y
	City	State	Zip Code	0 2 2 1 2 0 0 6 Transaction ID: SA11A1.181075
	Seabrook	NH	03874-4002	Amount of Each Receipt this Period
	FEC ID number of contributing		00014 4002	
	federal political committee.	C		50.00
	Name of Employer National Wrecker Svcs	Occupation Dispatch		Contribution
	Receipt For:	· '	e Year-to-Date ▼	
	Primary General		409.00	1
	Other (specify) ▼		409.00	
3.	Full Name (Last, First, Middle Initial) Douglas C. Klippel			Date of Receipt
	Mailing Address 8267 Persimmon Hill Ln	0 2 0 1 2 0 0 6		
	City	State	Zip Code	Transaction ID: SA11A1.182480
	<u>Jacksonville</u>	FL	32256-3606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	· ·	I 0		Contribution
	Name of Employer Hogan Assessment Systems	Occupation	n of Operations	
	Receipt For:		e Year-to-Date <b>V</b>	
	Primary General	199.194.1		1
	Other (specify) ▼		210.00	
	Full Name (Last, First, Middle Initial) Philip Koerper			Date of Receipt
•	Mailing Address 1085 Chinoe Rd			M M / D D / Y Y Y Y
				02 13 2006
	City	State	Zip Code	Transaction ID: SA11A1.180718
	Lexington	KY	40502-3009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Anesthesia Physicians Care	Occupation		Contribution
	Receipt For:	l	e Year-to-Date <b>V</b>	
	Primary General	33 - 3		1
	Other (specify) ▼	0 0	250.00	
	UBTOTAL of Receipts This Page (optional)			330.00
_	ODITAL OF HOOGIPTO THIS Fago (optional)			
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 158	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   1	17
Δr	y information copied from such Reports and St	atemente may	, not be sold or used by any perso		17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$\rangle$	Libertarian National Committee				
Α.	Full Name (Last, First, Middle Initial) Karen Lake			Date of Receipt	
	Mailing Address 411 Theadore Ave			02 13 2006	
	City	State	Zip Code	Transaction ID: SA11A1.183632	
	Rye	NY	10580	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		660.00	
	Name of Employer Lake Media Group	Occupation Editor	n	Contribution	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		660.00	1	
	Other (specify) ▼	0 0	660.00		
В.	Full Name (Last, First, Middle Initial) Benjamin H Lane			Date of Receipt	
	Mailing Address 4829 Colonnades Cir E			02 21 7 2006	
	City	State	Zip Code	Transaction ID: SA11A1.182207	
	Lakeland	<u>FL</u>	33811-1526	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation	n	Contribution	
	None	Retired			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
<u> </u>	Full Name (Last, First, Middle Initial) Benjamin H Lane			Date of Receipt	
	Mailing Address 4829 Colonnades Cir E			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.182293	
	Lakeland	FL	33811-1526	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer None	Occupation Retired	n	Contribution	
Receipt For: Aggreg		Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		400.00		
[	UBTOTAL of Receipts This Page (optional)			1010.00	7
$\vdash$	ODITION OF NECESPES THIS Page (optional)				7
T	OTAL This Period (last page this line number of	only)			

21	CHEDULE A (FEC Form 3X)	[		FOR LINE NUMBI	ER: PAGE 20 / 158
-			Use separate schedule(s)	(check only one)	
ITI	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c   12
			Detailed Guillinary Fage	13 14	15   16   17
An	/ information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of s	soliciting contributions
or f	or commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions f	rom such committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	Libertarian National Committee				
_					
	Full Name (Last, First, Middle Initial) Gerhard Langguth			Date of Receipt	
	Mailing Address 711 E Parkway Dr			M M / D	
	Mailing Address / ITE Parkway Dr				07 2006
	City	State	Zip Code	Transaction ID	: SA11A1.181840
	Russellville	AR	72801-4201		h Receipt this Period
	FEC ID number of contributing				· · · · · · ·
	federal political committee.	C			100.00
	·			Contribution	
	Name of Employer Self Employed	Occupation	1		
	· · ·	Manager	Very te Date		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	210.00		
	Carlot (opeony) 🔻			l l	
	Full Name (Last, First, Middle Initial)				
_	Alice Lillie			Date of Receipt	t
	Mailing Address 50 Emery St # 4E			M M / D	D / Y Y Y Y
	·		10 2006		
	City	Transaction ID	: SA11A1.181893		
	Pahrump	NV	89048-4668	Amount of Eacl	h Receipt this Period
	FEC ID number of contributing	С			359.00
	federal political committee.				
	Name of Employer	Occupation	1	Contribution	
	None	Retired			
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General		250.00	1	
	Other (specify)		359.00		
	Full Name (Last, First, Middle Initial) Harland A Machia			Date of Receipt	•
	Mailing Address 31 Townline Rd			- ·	D / Y Y Y Y Y
	Ji Towninie Ha				01 2006
	City	State	Zip Code	Transaction ID	: SA11A1.182949
	Grand Isle	VT	05458-2563	Amount of Eacl	h Receipt this Period
	FEC ID number of contributing				90.00
	federal political committee.	C			90.00
	Name of Employer	Occupation	<u> </u>	Contribution	
	Self Employed		Developer		
	Receipt For:		Year-to-Date ▼	$\dashv$	
	Primary General	33 13		1	
	Other (specify) ▼	l	230.00		
SI	JBTOTAL of Receipts This Page (optional)				549.00
			<u> </u>	-	
TC	OTAL This Period (last page this line number on	ly)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 158	
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	_
				13 14 15 16	17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
$\geq$	Libertarian National Committee				
۹.	Full Name (Last, First, Middle Initial) Harland A Machia			Date of Receipt	
	Mailing Address 31 Townline Rd			02 / 02 / 2006	
	City	State	Zip Code	Transaction ID: SA11A1.182950	
	Grand Isle	VT	05458-2563	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Self Employed	Occupation	n Developer	Contribution	
	Receipt For:		Year-to-Date ▼	+	
	Primary General	33 -3		1	
	Other (specify) ▼	0 0	730.00		
3.	Full Name (Last, First, Middle Initial) Harland A Machia			Date of Receipt	
	Mailing Address 31 Townline Rd	0 2 D D D D D D D D D D D D D D D D D D			
	City State Zip Code			Transaction ID: SA11A1.182952	
	Grand Isle	VT	05458-2563	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Colf Employed	Occupation Software	n Developer	Contribution	
	Receipt For:		Year-to-Date ▼		
	Primary General	· · ·	830.00	1	
	Other (specify)		830.00		
Э.	Full Name (Last, First, Middle Initial) David Macko			Date of Receipt	
	Mailing Address 28810 Cannon Rd			02 07 2006	
	City	State	Zip Code	Transaction ID: SA11A1.181843	
	Solon	OH	44139-1556	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		359.00	
	none	Occupation retired	١	Contribution	
	Receipt For:		Year-to-Date ▼		
	Primary General	' '	260.00	1	
	Other (specify)		369.00		
S	UBTOTAL of Receipts This Page (optional)			959.00	
	·		·		$\neg$
T	OTAL This Period (last page this line number only	y)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 158
TEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Libertarian National Committee			
۹.	Full Name (Last, First, Middle Initial) David R Mason			Date of Receipt
	Mailing Address 2234 E Crosby Rd			0 2 0 1 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.183135
	Carrollton	TX	75006-7744	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Verizon Wireless	Occupation	n Engineer	Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	400.00	
3.	Full Name (Last, First, Middle Initial) Charles W. Mcconnell			Date of Receipt
	Mailing Address 1282 Smallwood Dr W # 504			02 21 2006
	City	State	Zip Code	Transaction ID: SA11A1.182208
	Waldorf	MD	20603-4732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Information Requested	Occupation Informati	n on Requested	Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Chuck E. Moulton			Date of Receipt
	Mailing Address 1036 Hemlock Dr			M M / D D / Y Y Y Y
				02 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.183318
	Blue Bell	PA	19422-1572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Auburn University	Occupation Student	n	<ul><li>Contribution</li></ul>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	339.00	
	LIPTOTAL of Descipts This Page (antican)			800.00
3	UBTOTAL of Receipts This Page (optional)			
Т	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 158 (check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12				
۸	winformation against from a colo Danasta and Ch			13 14 15 16 17				
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and add	rnot be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.				
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
$\rangle$	Libertarian National Committee							
۹.	Full Name (Last, First, Middle Initial) Glenn L Nielsen			Date of Receipt				
	Mailing Address 1901 E Walnut St Apt 1	2		0 2 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: SA11A1.180930				
	Columbia	<u>MO</u>	65201-6445	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer Univ. of MO System	Occupation	n er Programmer	Contribution				
	Receipt For:		e Year-to-Date ▼					
	Primary General	-	210.00	7				
	Other (specify)	0 0	210.00					
3.	Full Name (Last, First, Middle Initial) William B Redpath			Date of Receipt				
	Mailing Address 827 Anthony Ct SE	02 22 2006						
	City	State	Zip Code	Transaction ID: SA11A1.181289				
	Leesburg	VA	20175-5629	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		359.00				
	Name of Employer BIA Financial Network, In- c.	Occupation Financial		Contribution				
	Receipt For:	1	e Year-to-Date ▼					
	Primary General Other (specify) ▼	1 1	525.68					
_	Full Name (Last, First, Middle Initial) Leslie Rose			Date of Receipt				
٠.	Mailing Address 330 S Ocean Blvd Apt 3	BB		M M / D D / Y Y Y Y				
	<u> </u>			02 27 2006				
	City Palm Beach	State FL	Zip Code	Transaction ID: SA11A1.182298				
			33480-4263	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer None	Occupation Retired	n	Contribution				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		1000.00	71				
	Other (specify)							
	SUBTOTAL of Receipts This Page (optional)							
s	UBTOTAL of Receipts This Page (optional)			1389.00				

sc	CHEDULE A (FEC Form 3X)		Han against side (CCC)	FOR LINE NUMBER: PAGE 24 / 158
			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13     14     15     16     17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Libertarian National Committee			
۹.	Full Name (Last, First, Middle Initial) David J. Ross			Date of Receipt
	Mailing Address 3624 Knolls Bend Ct			02 7 27 2006
	City	State	Zip Code	Transaction ID: SA11A1.182491
	Doylestown	PA	18901-6502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Martek	Occupation Marketing		Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Kelley L. Ross			Date of Receipt
	Mailing Address 13403 Weddington St	02 21 2006		
	City	State	Zip Code	Transaction ID: SA11A1.180879
	Sherman Oaks	CA	91401-5928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LA Valley College	Occupation College T		Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
 C.	Full Name (Last, First, Middle Initial) Rene Antonio Ruiz			Date of Receipt
	Mailing Address 3 Chilcott PI # 2			0 2 D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.182709
	Jamaica Plain	MA	02130-4512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1300.00
	Name of Employer Index Solutions	Occupation programr		Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1300.00	
SI	JBTOTAL of Receipts This Page (optional)			1800.00
T	OTAL This Period (last page this line number or	าly)	<b>)</b>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 158		
			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Guillinary Fage	13 14 15 16 17		
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.		
\	NAME OF COMMITTEE (In Full)					
$\rangle$	Libertarian National Committee					
_						
	Full Name (Last, First, Middle Initial) Mary Ruwart			Date of Receipt		
۹.	<del>_ ′</del>			<b>⊣</b>		
	Mailing Address 109 Latigo Drive			02 01 2006		
	City	State	Zip Code	Transaction ID: SA11A1.181755		
	Burnet	TX	78611-5921	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		50.00		
	<u> </u>			Contribution		
	Name of Employer Healing Our World Books	Occupation		Contribution		
	<u> </u>	Owner -				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		370.00			
	Other (specify) ▼					
	Full Name (Last, First, Middle Initial)					
3.	Emily H. Salvette			Date of Receipt		
	Mailing Address 2016 Devonshire Rd			M M / D D / Y Y Y Y		
		02 08 2006				
	City State Zip Code			Transaction ID: SA11A1.181871		
	Ann Arbor	MI	48104-4058	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		359.00		
	federal political committee.			000.00		
	Name of Employer	Occupation	n	Contribution		
	Name of Employer Unemployed/Works At Home		Caregiver			
	Receipt For:		e Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		909.00			
_	Full Name (Last, First, Middle Initial)			B . (B		
٠.	Emily H. Salvette  Mailing Address 2016 Devonshire Rd			Date of Receipt		
	Mailing Address 2016 Devonshire Rd			02 16 2006		
	City	State	Zip Code	Transaction ID: SA11A1.182057		
	Ann Arbor	MI	48104-4058	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		50.00		
	Name of Frankrica	10		Contribution		
	Name of Employer Unemployed/Works At Home	Occupation	n c Caregiver			
	Receipt For:		e Year-to-Date ▼	-		
	Primary General	Aggregate	real to Bate V	1		
	Other (specify)		959.00			
				1		
	1					
SUBTOTAL of Receipts This Page (optional)						
			<u> </u>			
T	OTAL This Period (last page this line number or	nly)	<b>)</b>			

SCHEDULE A (FEC Form 3X)			Llas apparata ashadula(a)	FOR LINE NUMBER: PAGE 26 / 158
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Libertarian National Committee			
Α.				Date of Receipt
	Mailing Address 1301 N Woodrow Ave			02 23 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.182245
	Wichita	KS	67203-3066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Information Requested	Occupation Information	n on Requested	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	·			-1
В.	Full Name (Last, First, Middle Initial) John Shuey			Date of Receipt
	Mailing Address 4457 Young Dr			02 16 2006
	City	State	Zip Code	Transaction ID: SA11A1.182059
	Carrollton	TX	75010-1145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		359.00
	Name of Employer Retired	Occupation Retired	1	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	359.00	
<u> </u>	Full Name (Last, First, Middle Initial) Kenneth M Sims			Date of Receipt
٠.	Mailing Address PO Box 93893			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: SA11A1.180927
	Las Vegas	NV	89193-3893	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Southern Wine and Spirits	Occupation	1	Contribution
	of Nevada	Compute	r Programmer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
Г				
s	UBTOTAL of Receipts This Page (optional)			1359.00
Т	OTAL This Period (last page this line number of	only)		

_				
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 158
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,	
\	Libertarian National Committee			
	Libertariari National Committee			
	Full Name (Last, First, Middle Initial)			
۹.	Jeffrey S Skinner			Date of Receipt
	Mailing Address PO Box 7007			02 08 2006
	City	State	Zip Code	
	Northridge Northridge	CA	91327-7007	Transaction ID: SA11A1.180684  Amount of Each Receipt this Period
	•	- OA	91027-1001	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		450.00
				Contribution
	Name of Employer Prism Mgt Co Inc	Occupation	n	Contribution
		Actuary		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	525.00	
	Other (specify)	1 1	1 1 1 1 1 1 1	
	Full Name (Last, First, Middle Initial)			
3.	Lawrence C Stanback			Date of Receipt
	Mailing Address 680 Mission St Apt 38H			M M / D D / Y Y Y Y
				02 21 2006
	City	State	Zip Code	Transaction ID: SA11A1.182383
	San Francisco	CA	94105-4046	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer	Occupation	n	Contribution
	Self Employed	Investor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	
	Full Name (Lock First Middle 1999)			
Э.	Full Name (Last, First, Middle Initial) Robert Sullentrup			Date of Receipt
	Mailing Address 140 Hunters Rdg			M M / D D / Y Y Y Y
				02 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.180955
	Saint Charles	MO	63301-0427	Amount of Each Receipt this Period
	FEC ID number of contributing	С		359.00
	federal political committee.			
	Name of Employer Collaboratech	Occupation	n	Contribution
	Collaboratech	Compute	er Tech.	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		170.00	1
	Other (specify)	0 0	479.00	
_				1809.00
S	UBTOTAL of Receipts This Page (optional)		······	1000100
_	OTAL This Davied (less mans this line assert	ah d		. L
- 1 '	OTAL This Period (last page this line number on	ιι <b>y</b> )	······································	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 158
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	EMIZED RESERVES		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
۸r	ny information copied from such Reports and Si	tatamente may	rnot he cold or used by any nore	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Libertarian National Committee			
Α.				Date of Receipt
	Mailing Address PO Box 64479			02 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.181834
	Sunnyvale	CA	94088-4479	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Development Setup, Inc.	Occupation	n on Requested	Contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		005.00	7
	Other (specify) ▼		225.00	
В.	Full Name (Last, First, Middle Initial) Charles D Test			Date of Receipt
	Mailing Address 2710 2nd Ave S			02 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.181771
	Minneapolis	MN	55408-1710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self-Employed	Occupation Landlord	1	Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼		300.00	
C.	Full Name (Last, First, Middle Initial) Charles D Test			Date of Receipt
	Mailing Address 2710 2nd Ave S			0 2 2 7 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.182286
	Minneapolis	MN	55408-1710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-Employed	Occupation Landlord	ı	Contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General		350.00	7
	Other (specify) ▼		330.00	_
s	UBTOTAL of Receipts This Page (optional)			250.00
F	,		·	
T	OTAL This Period (last page this line number	only)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 29 / 158
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and State	ments may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Libertarian National Committee			
/				
	Full Name (Last, First, Middle Initial)			
۹.	Kevin Anthony Torres			Date of Receipt
	Mailing Address 2020 Peach Orchard Dr A	Npt 14		M M / D D / Y Y Y Y
	<u></u>			02 01 2006
	City	State	Zip Code	Transaction ID: SA11A1.183263
	Falls Church	VA	22043-2047	Amount of Each Receipt this Period
	FEC ID number of contributing	С		20.00
	federal political committee.			
	Name of Employer	Occupation	 1	Contribution
	Information Reduceted	•	on Requested	
	Receipt For:		Year-to-Date ▼	
	Primary General	7 .gg. 0ga.0		1
	Other (specify)		399.00	
			0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
3.	Nicholas Vakula			Date of Receipt
	Mailing Address 5235 E Cholla St			M M / D D / Y Y Y Y
				02 28 2006
	City	State	Zip Code	Transaction ID: SA11A1.182344
	Scottsdale	ΑZ	85254-4718	Amount of Each Receipt this Period
	FEC ID number of contributing		• • • • • •	050.00
	federal political committee.	C		250.00
		0 11		Contribution
	Information Doducated	Occupation		
	· · · · · · · · · · · · · · · · · · ·		on Requested	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			J
	Full Name (Last First Middle Initial)			
<b>3</b> .	Full Name (Last, First, Middle Initial) Paul V Wagner			Date of Receipt
	Mailing Address 509 Country Club Dr			M M / D D / Y Y Y Y
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			02 21 2006
	City	State	Zip Code	Transaction ID: SA11A1.182601
	Pearisburg	VA	24134-2011	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
		Occupation		Contribution
	Direct Sporté Súpply			
		Owner/M		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	1 1		1
				520.00
s	UBTOTAL of Receipts This Page (optional)		······	320.00
	OTAL This Period (last page this line number only			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 158
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
_				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	Libertarian National Committee			
A.	Full Name (Last, First, Middle Initial) Mark Warden			Date of Receipt
	Mailing Address 9310 Ram Cliffs PI			02 08 2006
	City	State	Zip Code	Transaction ID: SA11A1.182774
	Las Vegas	NV	89178-3533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Perma-Bilt Homes	Occupation Real Esta		Contribution
	Receipt For:		Year-to-Date ▼	
	Primary General		220.00	7
	Other (specify)	0 0	220.00	
В.	Full Name (Last, First, Middle Initial) George R. Whitfield			Date of Receipt
	Mailing Address 45107 Tarney Wood Di	r		02 13 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.181260
	Portsmouth	VA	23703-0000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Halcyon Search Internatio- nal	Occupation Executive	n e Search Consultant	Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		335.00	7
	☐ Other (specify) ▼	0 0	000.00	
C.	Full Name (Last, First, Middle Initial) Peter M. Wilkie			Date of Receipt
	Mailing Address 3229 97th Dr SE			02 07 2006
	City	State	Zip Code	Transaction ID: SA11A1.182819
	Everett	State WA	Zip Code 98205-3005	Transaction ID: SA11A1.182819  Amount of Each Receipt this Period
	•		·	Amount of Each Receipt this Period 359.00
	Everett FEC ID number of contributing	WA	98205-3005	Amount of Each Receipt this Period
	Everett  FEC ID number of contributing federal political committee.  Name of Employer	C Occupation Retired	98205-3005	Amount of Each Receipt this Period 359.00
	Everett  FEC ID number of contributing federal political committee.  Name of Employer None	C Occupation Retired	98205-3005	Amount of Each Receipt this Period 359.00
s	Everett  FEC ID number of contributing federal political committee.  Name of Employer None  Receipt For: Primary General Other (specify)	Occupation Retired Aggregate	98205-3005  Year-to-Date ▼  429.00	Amount of Each Receipt this Period 359.00
s	Everett  FEC ID number of contributing federal political committee.  Name of Employer None  Receipt For: Primary General	Occupation Retired Aggregate	98205-3005  Year-to-Date ▼  429.00	Amount of Each Receipt this Period  359.00  Contribution

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 31 / 158 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Libertarian National Committee Full Name (Last, First, Middle Initial) Leonard C Zimmermann Date of Receipt Mailing Address 4630 Jasper St 0 2 21 2006 City State Zip Code Transaction ID: SA11A1.183066 Metairie LA 70006-2713 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Contribution Name of Employer Ultimate Solutions, Inc Occupation Systems Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	500.00
TOTAL This Period (last page this line number only)	<b>•</b>	28809.50

FOR LINE NUMBER: PAGE 32 / 158 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Libertarian National Committee Full Name (Last, First, Middle Initial) A. LIBERTARIAN PARTY OF WASHINGTON STATE Date of Receipt Mailing Address 400 NE 45TH ST SUITE 1776 0 2 28 2006 City Zip Code State Transaction ID: SA12.183625 **SEATTLE** WA 98105 Amount of Each Receipt this Period FEC ID number of contributing 180.00 C C00385005 federal political committee. Transfer Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 180.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	180.00
TOTAL This Period (last page this line number only)	<b>•</b>	180.00

FOR LINE NUMBER: PAGE 33 / 158 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Libertarian National Committee Full Name (Last, First, Middle Initial) A. BentleyForbes Watergate LLC Date of Receipt Mailing Address PO Box 73378 0 2 24 2006 City State Zip Code Transaction ID: SA15.183622 Cleveland OH 44193-3378 Amount of Each Receipt this Period FEC ID number of contributing C 4570.00 federal political committee. Rent Rebate Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 4570.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	4570.00
TOTAL This Period (last page this line number only)	<b>•</b>	4570.00

### S

City State Zip Code Transaction ID: SA17.183624  Topeka KS 66611  Receipt this Period  C State Zip Code Transaction ID: SA17.183624  Amount of Each Receipt this Period  Receipt this Period Sales Inventory  Purchase of LP Material Sales Inventory	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 158 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
Libertarian National Committee  Full Name (Last, First, Middle Initial) National Electronic Type, Inc Mailing Address 2320 S. Kansas Ave  City State Zip Code Topeka KS 66611  FEC ID number of contributing federal political committee.  Name of Employer  Date of Receipt  Transaction ID: SA17.183624  Amount of Each Receipt this Period  Sales Inventory  Purchase of LP Material Sales Inventory	Any information copied from such Reports and State for for commercial purposes, other than using the r	atements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
National Electronic Type, Inc  Mailing Address 2320 S. Kansas Ave  City State Zip Code Transaction ID: SA17.183624  Topeka KS 66611  Name of Employer  Occupation  Date of Receipt  Transaction ID: SA17.183624  Amount of Each Receipt this Period  3708.2	` ′		
Topeka  KS 66611  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Purchase of LP Material Sales Inventory	National Electronic Type, Inc		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Occupation  3708.2	•	•	
Name of Employer Occupation Sales Inventory	federal political committee.		3708.25
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  3708.25	Receipt For: Primary General	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	3708.25
TOTAL This Period (last page this line number only)	<b>•</b>	3708.25

SCHEDULE B (FEC Form 3X)	Use seper	rate schedule(s)		NUMBER:		PAGE	35 / 1	58
ITEMIZED DISBURSEMENTS	for each c	ategory of the cummary Page	(check onlock) 21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar								3
NAME OF COMMITTEE (In Full) Libertarian National Committee		•						
Full Name (Last, First, Middle Initial)  A. Advanced Mailing Services, LLC				Date of I	etion ID: SB	nt		V
Mailing Address 14970 Farm Creek Driv	е			02	<sup>/</sup> 10	′	0 0 6	
City Woodbridge	State VA	Zip Code 22191-3550		Amount	of Each Dist			-
Purpose of Disbursement Party Related Non Cand Printing/Mailing			003	L.			1496.8	32
Candidate Name			Category/ Type					
Senate President	Primary Other (spec	General						
State: District:  Full Name (Last, First, Middle Initial)  Advanced Mailing Services, LLC					etion ID: SB		3547	
Mailing Address 14970 Farm Creek Driv	e			02	/ D10	/ Y	2 0 0 6	Y
City Woodbridge	State VA	Zip Code 22191-3550		Amount	of Each Dist			-
Purpose of Disbursement Party Related Non Cand Printing/Mailing Candidate Name			003 Category/ Type			• •	1167.3	35
Office Sought: House Senate President State: District:	Primary Other (spec	General <b>▼</b>						
Full Name (Last, First, Middle Initial)  Advanced Mailing Services, LLC					etion ID: SB Disbursemer		3548	
Mailing Address 14970 Farm Creek Driv	e			02	/ D10		Ý 0 Ď 6	Y
City Woodbridge	State VA	Zip Code 22191-3550		Amount	of Each Dist	ourseme	nt this F	Period
Purpose of Disbursement Party Related Non Cand Printing/Mailing			003	L			1233.2	27
Candidate Name			Category/ Type					
Senate President	Primary Other (spec	General						
State: District:  SUBTOTAL of Disbursements This Page (optional	١					3	8897.4	4
TOTAL This Period (last page this line number only	,		·········			•		$\exists$

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE (check only		158
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22	26 30k
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) Libertarian National Committee				
Full Name (Last, First, Middle Initial)  A. American Express Card -42007			Transaction ID: SB21B.183530 Date of Disbursement	
Mailing Address PO Box 1270			02 M / 28 / Y 200	6 <sup>Y</sup>
City Newark	State         Zip Code           NJ         07101-1270		Amount of Each Disbursement this	
Purpose of Disbursement See Attached Memos		001	4585.	.03
Candidate Name  Office Sought: House Disbu	sement For:	Category/ Type		
Senate President	Primary General Other (specify) ▼			
State: District:  Full Name (Last, First, Middle Initial)  Accurint			Transaction ID: SB21B.183530. Date of Disbursement	1
Mailing Address P.O. Box 538358			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ D & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & Z & D \\ D & Z & B \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & D \end{smallmatrix} \end{bmatrix}$	6 <sup>Y</sup>
City Atlanta	State         Zip Code           GA         30353-8358		Amount of Each Disbursement this	
Purpose of Disbursement Donor Address Finder Non Candidate Candidate Name		001 Category/ Type	281.	.35
Office Sought: House Disbu Senate President State: District:	sement For: Primary General Other (specify)		[MEMO ITEM]	
Full Name (Last, First, Middle Initial) - Accurint			Transaction ID: SB21B.183530. Date of Disbursement	2
Mailing Address P.O. Box 538358		$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ D & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & Z & D \\ D & Z & B \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & D \end{smallmatrix} \end{bmatrix}$	6 <sup>Y</sup>	
City Atlanta	State         Zip Code           GA         30353-8358		Amount of Each Disbursement this	
Purpose of Disbursement Donor Address Finder Non Candidate Candidate Name		003 Category/	205.	.85
	rsement For: Primary General Other (specify)	Type	[MEMO ITEM]	
SUBTOTAL of Disbursements This Page (optional	D		4585.	.03
TOTAL This Period (last page this line number on	,	<u> </u>		

	CHEDULE B (FEC Form 3X)	Use seperate schedu	ıle(s)	FOR LINE	NUMBER:	PAGE 37 / 158
ITE	EMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa		X 21b 27	22 23 28a 28	
	Information copied from such Reports and State or commercial purposes, other than using the na					
_	NAME OF COMMITTEE (In Full)					
1 N	Libertarian National Committee					
	Full Name (Last, First, Middle Initial) American Express Card -42007				Transaction Date of Disbu	ID: SB21B.183530.3
	Mailing Address PO Box 1270					28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code			Amount of Es	ach Disbursement this Period
	Newark	NJ 07101-1	270		Amount of La	
	Purpose of Disbursement Finance Charge			001		90.15
	Candidate Name		7	Category/ Type		
	Office Sought:  Senate  President  State:  Disbur	rsement For: Primary Gene Other (specify)	eral		[MEMO ITE	м]
_	Full Name (Last, First, Middle Initial)  America West Airlines				Transaction Date of Disbu	ID: SB21B.183530.4
	Mailing Address 400 East Sky Harbor B	lvd				<sup>D</sup> 28 / Y 2006
	City Phoenix	State Zip Code AZ 85034			Amount of Ea	ach Disbursement this Period
	Purpose of Disbursement Employee Travel	712 00001		002		717.20
	Candidate Name		7	Category/ Type		
	Office Sought: House Senate President State: District:	rsement For: Primary Gene Other (specify)	eral		[MEMO ITE	м]
	Full Name (Last, First, Middle Initial)				Transaction	ID: SB21B.183530.5
C.	Central Parking System				Date of Disbu	ursement
	Mailing Address PO Box 17505 Attn: Monthly Accts De	pt.			02	D 2 8 Y 2 0 0 6 Y
	City Baltimore	State Zip Code MD 21297-1	505		Amount of Ea	ach Disbursement this Period
	Purpose of Disbursement Parking Space Rental			001		550.00
	Candidate Name		7	Category/ Type		
	Office Sought: House Senate President State: District:	rsement For:  Primary Gene Other (specify) ▼	eral		[MEMO ITE	MJ
SI	IBTOTAL of Disbursements This Page (optiona	D				0.00
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	CHEDULE B (FEC Form 3X)		erate schedule(s)		FOR (chec		NUMBE one)	R:			PAGE	38/	158
	EMIZED DISBURSEMENTS		category of the Summary Page		X 2	ıb [	22 28a		23 28b	ш	24 28c	25 29	26 30l
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												IS
$\vdash$	NAME OF COMMITTEE (In Full)												
$ \rangle$	Libertarian National Committee												
Α.	Full Name (Last, First, Middle Initial) Everyones Internet						Trans		sburs	emen	21B.18 t	3530.8	3
	Mailing Address 2600 Southwest Freeway Suite 500	/					0 2	M	D 2	28	/ Y	ž 0 ŏ 6	3 Y
	City Houston	State TX	Zip Code 77058				Amou	nt of	Each	n Disb	urseme		
	Purpose of Disbursement Website Server Maintenance				001		L.					299.	00
	Candidate Name			С	ategory Type	/	[MEM	ω I.	TEM				
	Senate President	ement For: Primary Other (spe	General ▼				[INI EINI	01	I ŒIVI	I			
_	State: District: Full Name (Last, First, Middle Initial)						Trans	acti	on ID	·SB2	21B.18	3530 (	
В.	Google Ad Works						Date o		sburs	emen	t		
	Mailing Address 1600 Amphitheatre Park	way					0 2	_	2	2 8	L.	ž 0 ŏ 6	3
	City Mt. View	State CA	Zip Code 94043-1351				Amou	nt of	Each	n Disb	urseme		
	Purpose of Disbursement Website Directory Services Candidate Name			C	001 ategory Type				•			1124.	50
	Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼		.,,,,,		[MEM	O I	TEM]	l			
C.	Full Name (Last, First, Middle Initial) SHAREITINFO.COM						Trans		sburs	emen	21B.18 t	3530.1	10
	Mailing Address 9625 West 76th Street						0 <sup>M</sup> 2	M	D 2	28	/ Y	žοŏε	3 <sup>Y</sup>
	City Eden Prarie	State MN	Zip Code 55344				Amou	nt of	Each	n Disb	urseme		
	Purpose of Disbursement Flashcard Server Purchase				001		L.	-			•	369.	00
	Candidate Name			С	ategory Type	/	[MEM	O I	TEM <sup>1</sup>	1			
	Office Sought:  Senate  President  State:  Disburse	ement For: Primary Other (spe	General <b>▼</b>				[ <u>-</u>		,	•			
s	UBTOTAL of Disbursements This Page (optional)					<b>•</b>						0.0	00
	OTAL This Period (last page this line number only)				•	<u> </u>	$\overline{}$			-	-		

	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		FOR LINE		R:		PAGE	39 /	158
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	22 28a	23 28b		24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									S
	NAME OF COMMITTEE (In Full) Libertarian National Committee	, and add on any pointed								
`_	Full Name (Last, First, Middle Initial)				Trans	action II	D: SB2	 21B.18:	 3530.1	11
Α.	Video Monitoring Services					of Disbur		-	V . V .	V
	Mailing Address 330 West 42nd Street				0 2	M / L	28 <sup>D</sup>		žοŏε	<b>3</b>
		State Zip Code NY 10036			Amou	nt of Eac	h Disb	urseme	nt this F	Period
	Purpose of Disbursement	10036	_						597.0	00
	Media Monitoring Service			001						
	Candidate Name			tegory/ Γype						
	Office Sought:  Senate President State:  Disburse	ement For: Primary General Other (specify)		,,,,,	[MEM	O ITEM	1]			
В.	Full Name (Last, First, Middle Initial)					action II			3366	
υ.	American National Insurance Co.					of Disbur			y y	Υ
	Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension	ı Dept.			0 2		11		ž 0 ŏ 6	S
	,	State Zip Code TX 77550-1830			Amou	nt of Eac	h Disb	urseme	nt this F	Period
	Purpose of Disbursement LNC 401K Contributions	77000 1000		001				-	1055.2	21
	Candidate Name		Са	tegory/ Type						
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)								
C.	Full Name (Last, First, Middle Initial) Anthem Blue Cross Blue Shield					action II	sement		3367	
	Mailing Address PO Box 79127				0 <sup>M</sup> 2	M / D	28 <sup>D</sup>	/ Y 2	žοŏε	S <sup>Y</sup>
		State Zip Code MD 21279-1273			Amou	nt of Eac	h Disb	urseme		
	Purpose of Disbursement Employee Medical			001					558.	75
	Candidate Name		Ca	001 tegory/ Γype						
	Office Sought:  Senate President  State:  Disburse	ement For: Primary General Other (specify)								
	<b>'</b>			_		•			1613.9	96
Ls	<b>UBTOTAL</b> of Disbursements This Page (optional) .			<u> </u>	-	1			1013.	70
т	OTAL This Period (last page this line number only)			▶						

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE I		PA	AGE 40/	158
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28	b 28c	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the na						IS .
NAME OF COMMITTEE (In Full) Libertarian National Committee						
Full Name (Last, First, Middle Initial)  BentleyForbes Watergate LLC			Transaction Date of Disbu	ursement	.183369	
Mailing Address PO Box 73378			02 /	01	Ž006	3 Y
City Cleveland	State         Zip Code           OH         44193-3378		Amount of Ea	ach Disburse	ement this I	Period
Purpose of Disbursement Office Rent		001	L		8959.	77
Candidate Name		Category/ Type				
Senate President	sement For: Primary General Other (specify)					
State: District:  Full Name (Last, First, Middle Initial)  Blackbaud			Transaction Date of Disbu	_	.183550	
Mailing Address P.O. Box 930256			02 /	02 /	2006	6 Y
City Atlanta	State Zip Code GA 31193-0256		Amount of Ea	ach Disburse		
Purpose of Disbursement Que Software Licensing Fee 1/06-12/06 Candidate Name		001 Category/ Type			3347.	06
Office Sought:  House Senate President State:  District:	sement For: Primary General Other (specify)	,				
Full Name (Last, First, Middle Initial) CareFirst BlueChoice (Sam New)			Transaction Date of Disbu		.183371	
Mailing Address P.O. Box 79749			02 /	28	Ž 0 Ŏ 6	6 Y
City Baltimore	State Zip Code MD 21279-0749		Amount of Ea	ach Disburse	ement this I	Period
Purpose of Disbursement Employee Medical		001			166.	00
Candidate Name		Category/ Type				
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼					
SUBTOTAL of Disbursements This Page (optional	)				12472.	83
TOTAL This Period (last page this line number on	,	<u> </u>		• • •	•	

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Ιľ	EMIZED DISBURSEMENTS	for each cated Detailed Sum			_	Á	22 28a	_	23 28b	24 28c	F	25 29	П	26 30b
	y Information copied from such Reports and Stater						the pur	pose	e of so	licating	contr	butions	5	
or	for commercial purposes, other than using the name	e and address of	f any political co	mm	ittee to s	olici	contri	butic	ns fro	m such	comr	nittee		
$\setminus$	NAME OF COMMITTEE (In Full)													
/	Libertarian National Committee													
	Full Name (Last, First, Middle Initial)						Transa	actio	n ID:	SB21B	.183	552		
٦.	J. Daniel Cloud						Date o	_	burse	ment	V • V	· · · ·	V	
	Mailing Address 1013 Price Ave						0 2		0	ĭ	2	0 Ď 6		
	Columbia		Code				Amour	nt of	Each	Disburs	emen	t this F	erio	d
	Columbia	SC 28	9201-1857									750.0	00	
	Purpose of Disbursement LP News Writing Non Candidate			0.0	03		-	-	-		-			
	Candidate Name			_	gory/									
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		ement For:	¬											
	Senate President	Primary Other (specify)	General											
	State: District:	Other (specify)	•											
	Full Name (Last, First, Middle Initial)					Η.	Transa	otic	n ID:	SB21B	100	272		
3.	J. Daniel Cloud						Date o				. 100	373		
	Mailing Address 4040 D : A					-	0 2 N	1 /	D 2	D /	Y Y	0 ŏ 6	Υ	
	Mailing Address 1013 Price Ave						0 2					000		
	City Columbia		o Code 9201				Amour	nt of	Each	Disburs	emen	t this F	erio	d
	Purpose of Disbursement		)			-					3	3500.0	00	
	Party Writing and Editing Services Non C			0(	03									
	Candidate Name				gory/ pe									
	Office Sought: House Disburs	ement For:		ıy	he									
	Senate	Primary	General											
	President	Other (specify)	▼											
	State: District:													
Э.	Full Name (Last, First, Middle Initial)  Commonwealth Digital Office Solutions									SB21B	.183	554		
							Date o	_	Durse	nient D /	Y Y	Y	Υ	
	Mailing Address 21205 Ridgetop Circle						0 2		0	2	. 2	0 Ď 6		
	City		Code				Amour	nt of	Each	Disburs	emen	t this F	erio	d
	Sterling Purpose of Disbursement	VA 20	0166-6501			+						155.0	)2	
	Office Copier Maintenance			0(	01									
	Candidate Name			Cate Ty	gory/									
	Office Sought: House Disburs	ement For:		.,		1								
	Senate	Primary	General											
	President	Other (specify)	▼											
	State: District:													
s	UBTOTAL of Disbursements This Page (optional)				•						5	405.0	2	
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	CHEDULE B (FEC Form 3X)		erate schedule(s)			OR LINE	_	R:			PA	AGE 42	/ 15	8
IT	EMIZED DISBURSEMENTS		category of the Summary Page		X	21b 27	22 28a		23 28b		24 28c	25 29		26 30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam													
$\vdash$	NAME OF COMMITTEE (In Full)													
$ \rangle$	Libertarian National Committee													
Α.	Full Name (Last, First, Middle Initial) Shane Cory						<b>Trans</b> Date			_		183378	3	
	Mailing Address 5 Burwell Place						0 2	М	/ D	0 8	/ Y	žοò	6 °	]
	City Stafford	State VA	Zip Code 22554				Amou	int o	f Eac	h Di	sburse	ment thi	s Pe	riod
	Purpose of Disbursement Employee Net Pay			Г	00	1.						209	1.81	
	Candidate Name			С	Cateo Typ									
	Senate President	ement For: Primary Other (spe	General ecify) ▼											
	State: District:													
В.	Full Name (Last, First, Middle Initial) Shane Cory						<b>Trans</b> Date		isbur	seme		183379	9	
	Mailing Address 5 Burwell Place						0 2	М	/ D	2 2	/ Y	2 0 d	6	
	City Stafford	State VA	Zip Code 22554				Amou	int o	f Eac	h Di	sburse	ment thi		-
	Purpose of Disbursement Employee Net Pay Candidate Name			C	00 Cateo	gory/	L.	•	•	•		209	1.82	2
	Office Sought:  Senate  President  State:  Disburse	ement For: Primary Other (spe	General ecify) ▼											
<b>C</b> .	Full Name (Last, First, Middle Initial)						Trans Date					183381	l	
	Mailing Address 3515 Washington Blvd #	£511					0 <sup>M</sup> 2	М	/ D	0 8	/ Y	žoò	6 °	
	City Arlington	State VA	Zip Code 22201				Amou	int o	f Eac	h Di	sburse	ment thi	-	-
	Purpose of Disbursement Employee Net Pay				00	1						94	6.62	2
	Candidate Name			С	Cateo Typ	gory/ be								
	Office Sought:  Senate  President  State:  Disburs  Disburs  District:	ement For: Primary Other (spe	General ecify) ▼											
S	UBTOTAL of Disbursements This Page (optional)					•						5130	).25	5
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	GILDOLL B (I LOI OIIII 3X)	Use seperate schedule(s	s)			LINE N k only (		:K:			PAG	GE_	43 / 1	158
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		_	21	b _	22 28a		23 28b	П	24 28c		25 29	26 30b
	y Information copied from such Reports and Stater													s
or	for commercial purposes, other than using the name	ne and address of any politic	al com	nm	ittee	to solic	it contr	ribut	ions fr	om s	such co	ommi	ittee	
	NAME OF COMMITTEE (In Full)													
V	Libertarian National Committee													
_	Full Name (Last, First, Middle Initial)									_	21B.1	833	382	
Α.	Matthew T Dailey							of D м	isburs		nt / Y	V	Υ	Y
	Mailing Address 3515 Washington Blvd #	<del>‡</del> 511					0 <sup>M</sup> 2		2	22	Ĺ	2 (	o ŏ 6	
	City	State Zip Code VA 22201					Amou	ınt o	f Each	n Disl	bursen	nent	this F	Period
	Arlington Purpose of Disbursement	VA 22201	т_									8	398.6	32
	Employee Net Pay			0	01			-	-			-	-	
	Candidate Name		Ca	ate	egory ype	/								
	Senate President	ement For:  Primary General  Other (specify) ▼												
_	State: District:													
В.	Full Name (Last, First, Middle Initial) DC Office of Tax & Revenue						Date	of D	isburs	emei	21B.1			_
	Mailing Address 941 North Capitol St, NE	E 6th Flr					0 <sup>M</sup> 2	М	/ D	7	/ Y	ž (	o ŏ 6	S Y
	City Washington	State Zip Code DC 20002					Amou	ınt o	f Each	n Disl	bursen	nent		-
	Purpose of Disbursement DC - Admin. Funding Assessment			0	01				_				23.6	51
	Candidate Name				egory ype									
	Office Sought:  House Senate President  State:  Disburs	ement For:  Primary General  Other (specify) ▼												
<u> </u>	Full Name (Last, First, Middle Initial)								ion ID		21B.1	1833	386	
							М	М		7	/ Y	Ý.	0 ŏ 6	Y
	Mailing Address 941 North Capitol St, NE	E 6th Flr					0 2			) /		2 (	0 0 6	<b>)</b>
	City Washington	State Zip Code DC 20002					Amou	ınt o	f Each	n Disl	bursen	nent	this F	Period
	Purpose of Disbursement DC - Unemployment Company			0	01				_			1	188.9	92
	Candidate Name		Ca	ate	egory ype									
	Office Sought: House Disburs Senate President State: District:	ement For:  Primary General  Other (specify) ▼												
	Otato. District.							_					44	
s	UBTOTAL of Disbursements This Page (optional)					<u> </u>	<u>_</u>	_				11	11.1	15
т	OTAL This Period (last page this line number only	)				•								

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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	P	_	<u> </u>	22 28a		23 28b		24 28c	Н	25 29	20	
	y Information copied from such Reports and State													ıs	_
or	for commercial purposes, other than using the name	ne and address of any politic	al com	ηm	ittee to	SOLIC	it contr	rıbut	ons fr	om	such c	comn	nittee		
$ \rangle$	NAME OF COMMITTEE (In Full)														
V	Libertarian National Committee														
_	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID	: SE	321B.	183	389		
Α.	DC Office of Tax & Revenue							of D м	isburs		ent	· · v	V	V	
	Mailing Address 941 North Capitol St, NE	E 6th Flr					0 <sup>M</sup> 2	IWI	′	7	ľĽ	2	o ŏ	5 <sup>'</sup>	
	City	State Zip Code					Amou	ınt o	f Each	າ Dis	burse	men	t this	Period	
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	DC - Withholding			0	01		_	-		-		-			ı
	Candidate Name		C	ate	egory/	1									
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	Office Sought: House Disburs Senate	ement For:  Primary General	ı												
	President	Other (specify)													
	State: District:														
D	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID:	: SE	321B.	183	384		
В.	DC Office of Tax & Revenue							_	isburs		ent				
	Mailing Address 941 North Capitol St, NE	E 6th Flr					0 <sup>M</sup> 2	М	/ D 1	1 5		ž	o ŏ	3 <sup>*</sup>	
	City	State Zip Code					Amou	ınt o	f Each	า Dis	burse	men	t this	Period	_
	Washington	DC 20002					_			-			1	67	l
	Purpose of Disbursement DC - Admin. Funding Assessment			0	01					-		-		07	ı
	Candidate Name		_		gory/	1									
				Ту	ре										
	Office Sought: House Disburs Senate	ement For:  Primary General	ı												
	President	Other (specify)	•												
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$\vdash$	NAME OF COMMITTEE (In Full)												
$ \rangle$	Libertarian National Committee												
Α.	Full Name (Last, First, Middle Initial) Susan M Dickson						Trans Date			_		83394	
	Mailing Address 3410 Vineland Place						0 2	М	/ D	2 2	/ Y	žoŏ	6 <sup>Y</sup>
	City Dumfries	State VA	Zip Code 22026				Amou	int o	f Eac	n Dis	bursen	nent this	Period
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В.	Full Name (Last, First, Middle Initial) Gladis A Douwopka						Date	of D	isburs	eme		83395	
	Mailing Address 311 Dawsons Ave, Apt #	6					0 2	М	/ D	8 0	/ Y	ž 0 ŏ	6 <sup>Y</sup>
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	Mailing Address PO Box 970030					0"2	,	1	<b>5</b> /	. 2	ž 0 ŏ (	6
	City	State	Zip Code			Amour	nt of I	Each	Disbu	irseme	nt this I	Period
	St. Louis  Purpose of Disbursement	МО	63197-0030								51.	69
	Social Security Employee			00	1	-		-	_		-	
	Candidate Name			Categ								
	Office Sought: House Disbu	rsement For:		٠,٢								
	Senate	Primary	General									
	State: President  State: District:	Other (spe	ecity) 🔻									
	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	SR2	1B 18	 3400	
В.	Financial Agent Federal Tax Deposit					Date o				10.10	J-100	
	Mailing Address PO Box 970030					0 <sup>M</sup> 2	M /	<sup>D</sup> 2	D /	Y	ž 0 ŏ (	6 Y
	City St. Louis	State MO	Zip Code 63197-0030			Amour	nt of I	Each	Disbu	irseme	nt this I	Period
	Purpose of Disbursement	0	00.07 0000	00							70.	48
	Federal Unemployment Candidate Name			00 Categ								
				Тур								
		rsement For:	Comme									
	Senate President	Other (spe	General									
	State: District:	``	, <b>,</b>									
C.	Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit					Transa Date o				1B.18	3403	
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	Mailing Address PO Box 970030					0 2					2000	3
	City	State	Zip Code			Amour	nt of I	Each	Disbu	irseme	nt this I	Period
	St. Louis  Purpose of Disbursement	МО	63197-0030								873.	00
	Federal Withholding			00	1			-				
	Candidate Name			Categ								
	Office Sought: House Disbu	rsement For:										
	Senate	Primary Other (and	General									
	State: President District:	Other (spe	ouiy) ♥									
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s	UBTOTAL of Disbursements This Page (optional	al)				<u></u>					995.	17
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\		ITTEE (In Full) onal Committee														
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		Federal Tax Dep							Date o			ement		o ŏ e	Υ	
Mailir	ng Address	PO Box 97003	0						0 2			1		000		
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	ose of Disburs	sement												166.7	77	
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Offic	e Sought:	House Senate President District:	Disburser	ment For: Primary Other (spe	General cify) ▼											
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S	CHEDULE B (FEC Form 3X)	Use sene	erate schedule(s)			NUMBE	R:	P/	AGE	55 / 1	58
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam										5
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Libertarian National Committee	ic and dadro.	oo or arry political	oommittee	10 3011	on corn		Tom Suom			
۹.	Full Name (Last, First, Middle Initial) Financial Agent Federal Tax Deposit						of Disburs	D: SB21B sement		115 0 ŏ 6	Y
	Mailing Address PO Box 970030					0.2		21	2	006	
	City St. Louis Purpose of Disbursement	State MO	Zip Code 63197-0030			Amou	nt of Eac	h Disburse		this P	-
	Social Security Employee Candidate Name			001 Categor Type	<b>y</b> /						
	Office Sought:    House   Disburs	ement For: Primary Other (spe	General ecify) ▼	31							
3.	Full Name (Last, First, Middle Initial) Graham P Garlinghouse						of Disburs				V
	Mailing Address 2031 F St. NW #201					0 2	M / D	22 /	Ž	0 ŏ 6	Y
	City Washington	State DC	Zip Code 20052			Amou	nt of Eac	h Disburse			-
	Purpose of Disbursement Employee Net Pay Candidate Name			001 Categor Type	y/				•	124.8	3
	Office Sought:  Senate  President  State:  Disburse  Senate	ement For: Primary Other (spe	General ecify) ▼								
Э.	Full Name (Last, First, Middle Initial) Indiana Department of Workplace Develop	ome				Date o	of Disburs		.1834	120	
	Mailing Address 10 N. Senate Ave Rm S	E-200				0 <sup>M</sup> 2	M / D	0 2 /	ž	0 ŏ 6	Y
	City Indianapolis	State IN	Zip Code 46204-2277			Amou	nt of Eac	h Disburse			-
	Purpose of Disbursement Payroll Tax Pentaly			001						275.2	24
	Candidate Name			Categor Type	<b>y</b> /						
	Office Sought:  Senate  President  State:  Disburs:	ement For: Primary Other (spe	General ♥								
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S	CHEDULE B (FEC Form 3X)	Use sen	erate schedule(s)					NUMBE	R:				PAGE	56 /	158	
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		X	heck 211 27	Ĺ	one) 22 28a		23 28b		24 28		25 29	П	26 30b
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or	for commercial purposes, other than using the nar	ne and addre	ess of any political	l con	mmı	ttee to	SOLIC	cit conti	ribut	ions t	rom	sucl	n com	mittee		
$ \rangle$	NAME OF COMMITTEE (In Full) Libertarian National Committee															
$\mathbb{L}$																
A.	Full Name (Last, First, Middle Initial) Robert S Kraus							Trans Date		-	_		B.18	3421		
	Mailing Address 5375 Duke Street Apt 905							0 2	М	/ D	0 8	/	Y	ž o ŏ	6 Y	
	City Alexandria	State VA	Zip Code 22304					Amou	ınt c	f Eac	h Di	isbur		nt this		t
	Purpose of Disbursement Employee Net Pay				00			L.	-	-			•	1265.	52	_
	Candidate Name			С	Cate Ty	gory/ pe										
	Senate President	Primary Other (spe	General ecify) ▼													
_	State: District:															
В.	Full Name (Last, First, Middle Initial) Robert S Kraus							Trans Date	of D	isburs	sem	ent			V	
	Mailing Address 5375 Duke Street Apt 905							0 2	М	/ L	2 2		, 2	ž 0 ŏ	3 <sup>*</sup>	
	City Alexandria	State VA	Zip Code 22304					Amou	ınt c	f Eac	h Di	isbur		nt this		t
	Purpose of Disbursement Employee Net Pay				00	11	1							1265.	52	_
	Candidate Name			С	_	gory/	1									
	Office Sought:  Senate President  State:  Disburs	Primary Other (spe	General ecify) ▼													
<b>C</b> .	Full Name (Last, First, Middle Initial) John V LaBeaume							Trans					B.18	3423		
	Mailing Address 1906 R St NW #12							0 2	М	/ D	0 8	/	Y	ž 0 Ŏ	6 Y	
	City Washington	State DC	Zip Code 20009					Amou	ınt c	f Eac	h Di	isbur	seme	nt this	Period	t
	Purpose of Disbursement Employee Net Pay				00	)1	1			-	0			494.	63	
	Candidate Name			С	Cate Ty	gory/ pe										
	Office Sought: House Disburs Senate President State: District:	Primary Other (spe	General ecify)													
S	UBTOTAL of Disbursements This Page (optional	)					 ▶		*				3	3025.	67	$\overline{}$
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	ny Information copied from such Reports and State			y person	for th	ne purp	ose of so	olicating o		butions	<u>Ш</u> S	200
	for commercial purposes, other than using the nar											
\	NAME OF COMMITTEE (In Full)											
/	Libertarian National Committee											
	Full Name (Last, First, Middle Initial)				Т	ransac	tion ID:	SB21B	.183	424		
٦.	John V LaBeaume					Date of	Disburse		/ ° V	V	V	
	Mailing Address 1906 R St NW #12					0 2 **	1	6 /	2	0 Ó 6		
	City	State Zip Code			A	Mount	of Each	Disburse	emen	t this F	erio	d
	Washington	DC 20009			- [					675.9	98	
	Purpose of Disbursement Employee Net Pay		00	01		-			_	0,0.0		
	Candidate Name			gory/								
			Ту	ре								
		sement For:										
	Senate President	Primary General Other (specify) ▼										
	State: District:	Other (specify)										
	Full Name (Last, First, Middle Initial)				Т	ranear	tion ID:	SB21B	183	125		
3.	John V LaBeaume						Disburse	_	. 100	720		
	Mailing Address 1906 R St NW #12				- [	0 2 M	/ D	2 /	Ý Ž	0 0 6	Υ	
	1500 11 51 1444 #12					^						
	City Washington	State Zip Code DC 20009			<i>P</i>	Amount	of Each	Disburse	emen	t this F	erio	d —
	Purpose of Disbursement	20000			1					442.9	90	
	Employee Net Pay		Ō(	01	Ι.							
	Candidate Name			gory/								
	Office Sought: House Disburs	sement For:	Ту	pe	-							
	Senate	Primary General										
	President	Other (specify)										
	State: District:											
Э.	Full Name (Last, First, Middle Initial)  MAMSI - UnitedHealth (WFG)						tion ID: Disburse	SB21B	.183	493		
						M M			ΥΥ	Υ .	Υ	
	Mailing Address PO Box 42924				Į.	0 2 "	2	8 /	2	0 Ď 6		
	City Philadelphia	State Zip Code PA 19101-2924			P	mount	of Each	Disburse	emen	t this F	erio	d
	Purpose of Disbursement	19101-2924			- [					241.7	76	
	Employee Medical		Ŏ(	01	"							
	Candidate Name		Cate Ty	gory/								
	Office Sought: House Disburs	sement For:	.,	r <del>-</del>	1							
	Senate	Primary General										
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s	SUBTOTAL of Disbursements This Page (optional)	)		•					1	360.6	4	
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SCHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE (check only		L	PAGE 5	58 / 158
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 28a	23 24 28b 28		25 26 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) Libertarian National Committee	, , ,					
Full Name (Last, First, Middle Initial)  Merchant Services  Mailing Address 890 Mountain Ave				ion ID: SB21 isbursement		94 Ŏ 6 <sup>°</sup>
City	State 7in Code		A	4 Fach Diah		hia Daviad
,	State Zip Code NJ 07974-0000		Amount c	of Each Disbu	rsement ti	nis Period
Purpose of Disbursement Merchant Services Finc Fee Candidate Name		001			15	92.24
Candidate Name		Category/ Type				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial)			Transact	ion ID: SB21	D 100/0	
3. Sara P Neugroschel				isbursement	D. 1054	
Mailing Address 2350 H St NW #904			0 <sup>M</sup> 2 M	08	y žo	06
Washington	State Zip Code DC 20052		Amount o	f Each Disbu		
Purpose of Disbursement Employee Net Pay Candidate Name		001 Category/	L		3	34.49
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Туре				
Full Name (Last, First, Middle Initial) Sara P Neugroschel				ion ID: SB21	B.18349	96
Mailing Address 2350 H St NW #904			0 2 M	22	y žo	06
,	State Zip Code DC 20052		Amount o	f Each Disbui		
Purpose of Disbursement Employee Net Pay	I	001			1	83.86
Candidate Name		Category/ Type				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional) .					21	10.59
TOTAL This Period (last page this line number only)						

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)			E NUMBE nly one)	:K:		LP	AGE	59 / 1	58	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X		22 28a	П	23 28b	24 28c	F	25 29	igsquare	26 30b
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or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political co	אווזווווו	iee io s	SOIICIL COITE	ributi	ons ire	om Such	COM	muee		
Libertarian National Committee											
Full Name (Last, First, Middle Initial)				Trans	sacti	on ID:	SB21E	3.183	497		
A. Samuel P New						sburse		V • V	V	V	
Mailing Address 1227 1/2 Massachusetts	Ave., SE			0 <sup>M</sup> 2		0	8 /	2	0 0 6		
,	State Zip Code DC 20003			Amou	unt of	f Each	Disburs	emen	t this P	erioc	ı
Washington Purpose of Disbursement	DC 20003			- Г		-		1	008.1	7	٦
Employee Net Pay		00	1		-					-	
Candidate Name		Categ Typ	-								
Office Sought: House Disburse Senate	ment For: Primary General										
President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)							SB21E	3.183	498		
Samuel P New				Date M		sburse		V * V	· V	V	
Mailing Address 1227 1/2 Massachusetts	Ave., SE			0 2	M	<sup>D</sup> 2	<sup>D</sup> /	ž	0 Ó 6	Y	
,	State Zip Code DC 20003			Amou	unt of	f Each	Disburs	emen			
Purpose of Disbursement	Г	00		L.					935.3		┙
Employee Net Pay Candidate Name		00 Categ	_								
		Тур	-								
Senate President	ment For: Primary General Other (specify)										
State: District: Full Name (Last, First, Middle Initial)				_			00010				
PNC Bank						sburse				V	
Mailing Address 2600 Virginia Ave NW				0 2	IVI .	2	8 /	2	0 Ó 6		
,	State Zip Code DC 20037			Amou	unt of	f Each	Disburs	emen	t this P	erioc	
Purpose of Disbursement Bank Service Charges	Г		,					_	195.3	36	┙
Candidate Name		00 Categ Typ	ory/								
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)										
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE		PA	AGE 60/	158
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Any Information copied from such Reports and States or for commercial purposes, other than using the nan						IS
NAME OF COMMITTEE (In Full) Libertarian National Committee	, , , , , , , , , , , , , , , , , , ,					
Full Name (Last, First, Middle Initial) PNC Bank			Transaction Date of Disbu	ursement	.183500	
Mailing Address 2600 Virginia Ave NW			02 /	<sup>D</sup> 28 /	Ž006	3 Y
City Washington	State Zip Code DC 20037		Amount of Ea	ach Disburse		
Purpose of Disbursement Bank Service Charges		001			12.	00
Candidate Name		Category/ Type				
Senate President	ement For: Primary General Other (specify)					
State: District:  Full Name (Last, First, Middle Initial)  Postmaster - Walton Press			Transaction Date of Disbu	_	.183501	
Mailing Address Walton Press 402 Mavfield Dr			02 /	<sup>D</sup> 28 /	Ź 0 Ŏ 6	6 Y
City Monroe	State Zip Code GA 30655		Amount of Ea	ach Disburse	ement this I	Period
Purpose of Disbursement Postage Candidate Name		001 Category/ Type			2574.	44
Senate President	ement For:  Primary General  Other (specify) ▼	,				
State: District:  Full Name (Last, First, Middle Initial)  Prospect Tech			Transaction Date of Disbu		.183611	
Mailing Address 3246 Prospect St NW			02 /	02 /	ŽOŎ	8 Y
City Washington	State Zip Code DC 20007		Amount of Ea	ach Disburse	ement this I	Period
Purpose of Disbursement Network and Telephone Systems Maintenanc		001	L		2919.	00
Candidate Name		Category/ Type				
Office Sought: House Disburs Senate President State: District:	ement For:  Primary General  Other (specify) ▼					
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TOTAL This Period (last page this line number only		<u></u>		• • •	1	

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE I		P	AGE 61/	158
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Any Information copied from such Reports and State or for commercial purposes, other than using the na						ns
NAME OF COMMITTEE (In Full) Libertarian National Committee						
Full Name (Last, First, Middle Initial)  A. QuickBooks Payroll Service			Transaction Date of Disb		.183503	
Mailing Address PO Box 30015			02 /	07	žoŏe	3 <sup>Y</sup>
City Reno	State         Zip Code           NV         89520-3015		Amount of E	ach Disburs		Period 41
Purpose of Disbursement Payroll Processing Fee Candidate Name	[	001 Category/			5.	41
Office Sought: House Disbur Senate President State: District:	sement For:  Primary General  Other (specify) ▼	Туре				
Full Name (Last, First, Middle Initial)  3. QuickBooks Payroll Service			Transaction Date of Disb	ursement		V
Mailing Address PO Box 30015			02 /	07 /	žoŏe	5 <sup>†</sup>
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Office Sought:  Senate President State:  Disbur	sement For:  Primary General  Other (specify) ▼					
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Mailing Address PO Box 30015			0 2 4	07	žoŏe	6 <sup>*</sup>
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11	EMIZED DISBURSEMENTS		category of the Summary Page			21b [ 27 [	22 28a		23 28b		24 28c		25 29	$oldsymbol{\sqcup}$	26 30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam													5	
$\vdash$	NAME OF COMMITTEE (In Full)														
$ \rangle$	Libertarian National Committee														
Α.	Full Name (Last, First, Middle Initial) QuickBooks Payroll Service						<b>Trans</b> Date			_		.1835	506		
	Mailing Address PO Box 30015						0 <sup>M</sup> 2	М	/ D	0 7	/	Ž (	0 ŏ 6	Y	
	City Reno	State NV	Zip Code 89520-3015				Amou	ınt o	f Eac	h Di	sburs	ement			_ _
	Purpose of Disbursement Payroll Processing Fee			Γ	001								10.0	00	_
	Candidate Name			С	atego Type	-									
	Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General												
_	State: District:														
В.	Full Name (Last, First, Middle Initial) QuickBooks Payroll Service						Date	of D	isbur	sem	ent	.1835			
	Mailing Address PO Box 30015						0 2	М	/ D	0 7	]	ž	0 ŏ 6	Y	
	City Reno	State NV	Zip Code 89520-3015				Amou	ınt o	f Eac	h Di	sburse	ement			7
	Purpose of Disbursement Payroll Processing Fee Candidate Name			C	001 atego Type	ry/					•	•	15.0	00	J
	Office Sought:    House   Disburse     Senate   President     State: District:	ement For: Primary Other (spe	General ecify) ▼												
C.	Full Name (Last, First, Middle Initial)  QuickBooks Payroll Service						<b>Trans</b> Date					.1835	508		
	Mailing Address PO Box 30015						0 <sup>M</sup> 2	М	/ D	0 7	/	ž	0 ŏ 6	Y	
	City Reno	State NV	Zip Code 89520-3015				Amou	ınt o	f Eac	h Di	sburs	ement			7
	Purpose of Disbursement Payroll Processing Fee				001		L.	_	-				51.5	50	_
	Candidate Name			С	atego Type										
	Office Sought:  Senate  President  State:  Disburs  Disburs  District:	ement For: Primary Other (spe	General <b>▼</b>												
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam												
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Α.	Full Name (Last, First, Middle Initial) QuickBooks Payroll Service						Trans			_		183509	
	Mailing Address PO Box 30015						0 <sup>M</sup> 2	М	/ D	15	/ Y	žoŏ	6 <sup>Y</sup>
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	Purpose of Disbursement Payroll Processing Fee				001				-			0	.72
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	Mailing Address PO Box 30015						0 2	М	/ D	15	/ Y	žoŏ	6 <sup>Y</sup>
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	Full Name (Last, First, Middle Initial)					Trans	eact	ion ID:	SB21B	183	516		
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	Moiling Address 2010 F . O. NIM #404					0 <sup>M</sup> 2	М	/ D	B /	ΥΫ́	0 0 6	Y	
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<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	and address of any political co	)	.100 10 5	SOIIGIT COLL	uibul	או פווטו	JIII SUUII	COIIII	iiilee		
Libertarian National Committee											
Full Name (Last, First, Middle Initial)				Tran	sact	ion ID:	SB21E	3.183	517		
Marcus L Scribner						isburse		V . V	V	V	
Mailing Address 2212 Eye St., NW #401				0 <sup>M</sup> 2	2 "	້ 2	<sup>D</sup> /	2	0 Ď 6		
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5. Lorena K Seitz				Date		isburse		V * V	V	V	
Mailing Address 2350 H St NW				0 2	2 M	<sup></sup> 2	<sup>D</sup> 2	Ž	0 Ď 6		
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Purpose of Disbursement	Г	00							170.1	7	
Employee Net Pay Candidate Name		00 Cate									
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Office Sought: House Senate President Disburse	ment For: Primary General Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial) Chris D Thorman				1	of D	isburse					
Mailing Address 4527 Wilson Blvd #101				0 2	2 M	<sup>′</sup> 0	8 /	ž	0 Ď 6	Y	
•	State Zip Code VA 22203			Amo	ount o	f Each	Disburs	emen	t this P	eriod	_
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NAME OF COMMITTEE (In Full) Libertarian National Committee						
Full Name (Last, First, Middle Initial)  A. Chris D Thorman			Transaction I Date of Disbu	rsement	83521	
Mailing Address 4527 Wilson Blvd #101			02 /	2 2 Y	ž 0 0 6	Υ
City Arlington	State Zip Code VA 22203	_	Amount of Eac	ch Disbursem		
Purpose of Disbursement Employee Net Pay Candidate Name		001			914.9	99
	sement For:	Category/ Type				
Senate President	Primary General Other (specify) ▼					
State: District:  Full Name (Last, First, Middle Initial)  3. Ticketmaster			Transaction I	-	83522	
Mailing Address 1601 Elm St., Ste. 700			0 2		ž 0 0 6	Y
City Dallas	State Zip Code TX 75201		Amount of Eac	ch Disbursem	ent this P	eriod
Purpose of Disbursement Merchant Services Finc Fee Candidate Name		001 Category/ Type			1592.2	24
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial)  VA Dept. of Taxation			Transaction I		83524	
Mailing Address PO Box 1278			02 /	07 / Y	ž 0 0 6	Y
City Richmond	State Zip Code VA 23218-1278	8	Amount of Eac	ch Disbursem		-
Purpose of Disbursement VA - Withholding Candidate Name		001 Category/			341.0	10
	sement For: Primary General Other (specify)	Туре				
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	Libertarian National Committee												
Α.	Full Name (Last, First, Middle Initial)									_	21B.18	3523	
Α.	VA Dept. of Taxation								isburs)			V	V
	Mailing Address PO Box 1278						0 <sup>M</sup> 2	2 "	2	2 1		ž 0 ŏ	6
	City	State Zip Co					Amo	ount o	of Each	n Disb	ourseme	nt this	Period
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	Purpose of Disbursement VA - Unemployment Company				00	1		_	•	-	-		
	Candidate Name				-0-	gory/							
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	Office Sought: House Disburs	sement For: Primary	General										
	President	Other (specify)											
	State: District:												
_	Full Name (Last, First, Middle Initial)						Trar	sact	ion ID	: SB2	21B.18	3525	
В.	VA Dept. of Taxation								isburs			V * V	V
	Mailing Address PO Box 1278						0 2	2 M	/ D	2 1	/ L	žoŏ	6 <sup>*</sup>
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	Candidate Name				ate Typ	gory/ be							
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	Senate President	Other (specify)	General •										
	State: District:												
_	Full Name (Last, First, Middle Initial)						Trar	sact	ion ID	: SB2	21B.18	3526	
C.	Walton Press							of D	isburs			V * V	V
	Mailing Address 402 Mayfield Dr PO Box 966						0 <sup>M</sup> 2		/ D	16	<u> </u>	žoŏ	6 '
	City Monroe	State Zip Co GA 3065					Amo	ount o	of Each	n Disb	ourseme	ent this	Period
	Purpose of Disbursement Party Related Non Candidate Printing				00	3					-	1529.	28
	Candidate Name			Са	-	gory/							
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	Senate		General •										
	President State: District:	Other (specify)											
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$ \rangle$	Libertarian National Com	mittee																
Α.	Full Name (Last, First, Middle Walton Press	Initial)					1	T <b>rans</b> Date o			_	21B.18 nt	3613					
	Mailing Address 402 Ma PO Box	yfield Dr 966						0 <sup>M</sup> 2	M /	D	16	/ Y	ž 0 ŏ 6	S <sup>Y</sup>				
	City Monroe		State GA	Zip Code 30655			,	Amou	nt of	Each	n Dist	ourseme						
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	Candidate Name				С	ategory/ Type												
	Office Sought: House Senate Presid		ement For: Primary Other (spe	General														
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В.	Full Name (Last, First, Middle Walton Press	Initial)					1	Date o	of Di	sburs	emer			_				
	Mailing Address 402 Ma PO Box	yfield Dr 966								$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
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	Candidate Name	Filling and			С	003 ategory/ Type	1											
	Office Sought: House Senate Presid State: District:		ement For: Primary Other (spe	General ecify) ▼														
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	City Monroe  Purpose of Disbursement		State GA	Zip Code 30655			_	Amou	nt or	Eacr	1 DISK	ourseme	3328.					
	Party Related Non Candidate	Printing				003		-	_	-	-							
	Candidate Name				С	ategory/ Type												
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Λ	NAME OF COMMITTEE (In Full)															
	Libertarian National Committee															
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: SF	321B.	183	528			
A.	Walton Press						Date	of Di	sburse	eme	ent					
	Mailing Address 402 Mayfield Dr PO Box 966					0 2 M / D 2 8 / Y Y Y O O 6 Y										
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В.	Full Name (Last, First, Middle Initial) WMATA - Metrochek						Date		on ID:	eme	321B. ent			V		
	Mailing Address 600 Fifth St NW						0 2	IVI .		4	ľ	ž	0 0 6	3		
	City Washington	State Zip Code ngton DC 20001							Amount of Each Disbursement this Period							
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	Candidate Name			Cateo Typ												
	Senate President	ement For: Primary Other (spec	General cify) ▼													
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	y Information copied from such Reports and S for commercial purposes, other than using the					
$\rangle$	NAME OF COMMITTEE (In Full) Libertarian National Committee		, , , , , , , , , , , , , , , , , , ,			
۹.	Full Name (Last, First, Middle Initial) Libertarian Party of Alabama				Transaction Date of Disb	
	Mailing Address 2330 Highland Ave				0 2	02 7 2006
	City Birmingham	State AL	Zip Code 35205		Amount of E	ach Disbursement this Period
	Purpose of Disbursement Unified Membership Payment to Affiliate			008	L	275.00
	Candidate Name			Category/ Type		
	Office Sought: House Dis Senate President State: District:	bursement For: Primary Other (spe	General cify) ▼			
3.	Full Name (Last, First, Middle Initial) Libertarian Party of Alaska					ID: SB22.183430
	Mailing Address PMB 373				Date of Disb	
	205 E Dimond Blvd	State	Zip Code		Amount of E	ach Disbursement this Period
	Anchorage  Purpose of Disbursement	AK	99515			11.33
	Unified Membership Payment to Affiliate Candidate Name			008 Category/ Type		
	Senate President	bursement For: Primary Other (spe	General cify) ▼	7,7-2		
	State: District: Full Name (Last, First, Middle Initial)				Transaction	ID: SB22.183564
Э.	Libertarian Party of Alaska				Date of Disb	ursement
	Mailing Address PMB 373 205 E Dimond Blvd				02 4	02 7 2006
	City Anchorage	State AK	Zip Code 99515		Amount of E	ach Disbursement this Period
	Purpose of Disbursement Unified Membership Payment to Affiliate			008	L	102.00
	Candidate Name			Category/ Type		
	Office Sought: House Dis Senate President State: District:	bursement For: Primary Other (spe	General cify) ▼			
s	UBTOTAL of Disbursements This Page (option	onal)		<u> </u>		388.33
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name														IS	
$\vdash$	NAME OF COMMITTEE (In Full)															
$ \rangle$	Libertarian National Committee															
Α.	Full Name (Last, First, Middle Initial) Libertarian Party of Arizona							<b>Tran</b> Date			_	BB22	.1834	132		
	Mailing Address 4802 E. Ray Road #23-2	55						0 <sup>M</sup> 2	М	′	0 2	2 /	Y .	ž 0 ď	3 Y	
	City Phoenix	State AZ	Zip Code 85044					Amo	unt d	of Ea	ch C	isbur	seme	nt this	Perio	od .
	Purpose of Disbursement Unified Membership Payment to Affiliate				00	08		L.				_		44.	00	
	Candidate Name				ate Ty	gory/ pe										
	Senate President	ement For: Primary Other (spe	General ecify) ▼													
	State: District:															
В.	Full Name (Last, First, Middle Initial) Libertarian Party of Arizona							Date	of D	isbu	rsen	_				
	Mailing Address 4802 E. Ray Road #23-2	55						0 <sup>M</sup> 2	М		0 2	2 /	Y	ž 0 Ď (	3 <sup>Y</sup>	
	,	State AZ	Zip Code 85044				Amount of Each Disbursement this									d
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	Office Sought:    House   Disburse     Senate   President     State: District:	ement For: Primary Other (spe	General <b>▼</b>													
C.	Full Name (Last, First, Middle Initial) Libertarian Party of Arkansas							<b>Tran</b> Date				BB22	.1834	134		
	Mailing Address PO Box 15214							0 <sup>M</sup> 2	М	/	0 2	2 /	Y	ž 0 ŏ	3 <sup>Y</sup>	
	City Little Rock	State AR	Zip Code 72231					Amo	unt d	of Ea	ch C	isbur	seme	nt this	Perio	pd
	Purpose of Disbursement Unified Membership Payment to Affiliate			Г				L		-		-		9.	17	_
	Candidate Name				ate Ty	gory/ pe										
	Office Sought:  Senate  President  State:  Disburse  Disburse	ement For: Primary Other (spe	General ecify) ▼													
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or for commercial purposes, other than using the nar	ne and address of any political	comm	nittee to s	SOLICI	t contri	bution	ns tro	m such	comr	nittee		
NAME OF COMMITTEE (In Full)												
Libertarian National Committee												
Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	SB22.1	835	66		
A. Libertarian Party of Arkansas				Date of Disbursement								
Mailing Address PO Box 15214					0"2	VI /	0	<sup>D</sup> 2	2	0 Ď 6	<b>3</b>	
City Little Rock	State Zip Code AR 72231				Amoui	nt of E	Each	Disburse	emen	t this F	Perio	d
Purpose of Disbursement	AR /2231									82.5	50	
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Full Name (Last, First, Middle Initial)					Trans:	actio	n ID:	SB22.1	834	35		
3. Libertarian Party of California					Date o	of Disk	ourse	ment				
Mailing Address 14547 Titus St Suite 214					0 2	М /	0	<sup>D</sup> /	Ý Ž	0 Ď 6	<b>3</b>	
City Panorama City	State Zip Code CA 91402				Amoui	nt of E	Each	Disburs	emen	t this F	Perio	d
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Candidate Name		Cat	egory/ ype									
Senate President	ement For: Primary General Other (specify) ▼											
State: District:												
Full Name (Last, First, Middle Initial) Libertarian Party of California					<b>Trans</b> Date o			SB22.1	835	67		
Mailing Address 14547 Titus St, Suite 2	4				0 2	И /	0	2 /	ž	0 Ď 6	<b>3</b>	
City	State Zip Code				Amoui	nt of E	Each	Disburse	emen	t this F	Perio	d
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Senate President	Primary General Other (specify) ▼											
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ſſ	EMIZED DISBURSEMENTS		category of the Summary Page		21b 27	Ĺ	22 28a		23 28b	24 28c		25 29	$\Box$	26 30b
	y Information copied from such Reports and State												s	
or 1	for commercial purposes, other than using the nar	me and addres	ss of any political	comr	nittee to	SOLIC	t contri	ibuti	ons fro	m such	com	nittee		
	NAME OF COMMITTEE (In Full)													
/	Libertarian National Committee													
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	SB22.	1835	68		
١.	Libertarian Party of Colorado							of Di	sburse		V .	,	V	
	Mailing Address 1425 Brentwood St						0 2		0	2 /	2	0 Ď 6		
	City	State	Zip Code				Amou	nt of	Each	Disburs	emer	t this F	Perio	d
	Lakewood	CO	80214									721.0	00	
	Purpose of Disbursement Unified Membership Payment to Affiliate				800		-	0			-			
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				Т	уре									
		sement For:												
	Senate President	Other (spe	General											
	State: District:	Other (spe	Ciry) \											
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	SB22.	183/	30		
3.	Libertarian Party of Connecticut						Date o		sburse	ement			V	
	Mailing Address Attn: Andy Rule PO Box 2501						0 2	IVI /	ຶ່ງ0	2 /	2	0 ŏ 6	<u>'</u>	
	City Middletown	State CT	Zip Code 06457-2501				Amou	nt of	Each	Disburs	emer	t this F	Perio	d
	Purpose of Disbursement Unified Membership Payment to Affiliate				008		<u></u>					27.6	67	
	Candidate Name				tegory/ ype									
	Senate President	sement For: Primary Other (spe	General cify) ▼											
	State: District:													
Э.	Full Name (Last, First, Middle Initial) Libertarian Party of Connecticut						Trans Date o			SB22.	1835	70		
	Mailing Address Attn: Andy Rule PO Box 2501						0 2	М	0	2 /	Ý Ž	0 0 6	Y	
	City	State	Zip Code				Amou	nt of	Each	Disburs	emer	t this F	Perio	d
	Middletown Purpose of Disbursement	СТ	06457-2501	_								249.0	00	
	Unified Membership Payment to Affiliate				800									
	Candidate Name				tegory/ Type									
	Office Sought: House Disburs	sement For: Primary	General											
	President	Other (spe												
	State: District:													
s	UBTOTAL of Disbursements This Page (optional	)			▶	•						997.6	67	
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	X	22 28a	_	23 28b	24 28c	F	25 29	$\Box$	26 30b
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or for commercial purposes, other than using the name	e and address of any political co	omm	ittee to s	SOLICI	t contri	butic	ons fro	m such	comr	nittee		
NAME OF COMMITTEE (In Full)												
Libertarian National Committee												
Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	SB22.1	834	41		
Libertarian Party of Delaware					Date o	of Dis			V • V	V	V	
Mailing Address P.O. Box 1472					0 2		0	2 /	2	0 Ď 6		
City	State Zip Code				Amoui	nt of	Each	Disburs	emen	t this F	Perio	d
Dover Purpose of Disbursement	DE 19903-1472									6.5	54	
Unified Membership Payment to Affiliate		0	08		-	-	-		-	, 0.,	-	
Candidate Name			egory/									
		Ту	ре									
	ement For:											
Senate President	Primary General Other (specify) ▼											
State: District:	Carior (opcomy)											
Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	SB22.1	835	71		
3. Libertarian Party of Delaware					Date o	f Dis	burse	ment				
Mailing Address P.O. Box 1472					0 2	M /	0	2 /	Ý Ž	0 Ď 6	Y	
City	State Zip Code				Amoui	nt of	Each	Disburs	emen	t this F	erio	d
Dover	DE 19903-1472									58.8	28	
Purpose of Disbursement Unified Membership Payment to Affiliate		0	08				•		-	50.0		
Candidate Name			egory/ vpe									
Office Sought: House Disburs	ement For:											
Senate	Primary General											
President State: District:	Other (specify)											
Full Name (Last, First, Middle Initial)					Trans	notic	n ID.	SB22.1	1021	12		
Libertarian Party of Florida					Date o				1004	43		
Mailing Address Libertarian Party of Flori	do				0 2	<b>M</b> /	0	<sup>D</sup> /	ÝÝ	0 Ď 6	Y	
Mailing Address Libertarian Party of Flori 5901 Pendragon Lane	ua				-							
City Fort Myers	State Zip Code FL 33912				Amoui	nt of	Each	Disburs	emen	t this F	Perio	d
Purpose of Disbursement	Γ		-							121.0	)8	
Unified Membership Payment to Affiliate  Candidate Name	l.	_	08									
Candidate Name			egory/ vpe									
Office Sought: House Disburs	ement For:											
Senate	Primary General											
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	X 22 28a	23 28b	24 28c		25 29	П	26 30b
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or for commercial purposes, other than using the	ne name and address of any politica	l committee to s	olicit contr	ributions f	rom such	comm	nittee		
NAME OF COMMITTEE (In Full)									
Libertarian National Committee									
Full Name (Last, First, Middle Initial)			Trans	action ID	): SB22.1	18357	72		
Libertarian Party of Florida				of Disburs		v v	V .	V	
Mailing Address Libertarian Party o 5901 Pendragon L			0 2	, ,	0 2 /	2	0 Ó 6		
City Fort Myers	State Zip Code FL 33912		Amou	int of Eac	h Disburse	ement	this P	erio	t —
Purpose of Disbursement	12 00312		1 [			1	089.7	'5	
Unified Membership Payment to Affiliate		008							
Candidate Name		Category/ Type							
Office Sought: House Senate President	isbursement For:  Primary General  Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)			Trans	action ID	: SB22.1	18357	73		
3. LIBERTARIAN PARTY OF GEORG	A			of Disburs		V V	· V	V	
Mailing Address 1874 PIEDMONT	RD SUITE 590-E		0 <sup>M</sup> 2	М / В	0 2 /	Ż	0 Ď 6		
City ATLANTA	State Zip Code GA 30324		Amou	int of Eacl	h Disburs	ement	this P	erio	t
Purpose of Disbursement Unified Membership Payment to Affiliate		008	] L.			1	054.0	0	_
Candidate Name		Category/ Type							
Senate President	isbursement For:  Primary General  Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial) Libertarian Party of Hawaii			Date	of Disburs	SB22.1 sement				
Mailing Address 625 Keawe Street			0 2	M / D	0 2 /	ž	0 Ď 6	Y	
City Honolulu	State Zip Code HI 96813		Amou	int of Eac	h Disburse	ement	•	-	t
Purpose of Disbursement Unified Membership Payment to Affiliate		008	<u> </u>				7.7	5	_
Candidate Name		Category/ Type							
Office Sought:  Senate  President  State:  District:	isbursement For:  Primary General  Other (specify) ▼								
orare.								_	_
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ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ΙĖ	21b 27	X	22 28a	_	23 28b	24 28c		25 29	П	26 30b
An	ny Information copied from such Reports and State	ements may not be sold or used b	JL y an		for							<del>∐</del> s	300
	for commercial purposes, other than using the na												
$\overline{\ }$	NAME OF COMMITTEE (In Full)												
/	Libertarian National Committee												
	Full Name (Last, First, Middle Initial)					Trans	actio	on ID:	SB22.	1835	75		
٩.	Libertarian Party of Hawaii					Date o	of Dis			ΥΫ́Υ	, · · Y	Υ	
	Mailing Address 625 Keawe Street					0 2		0	<sup>D</sup> /	. 2	0 Ď 6		
	City Honolulu	State Zip Code HI 96813				Amoui	nt of	Each	Disburs	emer	t this F	erio	d
	Purpose of Disbursement	1 000.10			+						69.7	75	
	Unified Membership Payment to Affiliate		0	08									
	Candidate Name			egory/ /pe									
	Office Sought: House Disbur	sement For:											
	Senate President	Primary General											
	State: District:	Other (specify)											
	Full Name (Last, First, Middle Initial)				+	Tuono		ID.	CD00	1004	47		
3.	Libertarian Party of Idaho					Date o		sburse				V	
	Mailing Address c/of Gordon Wilmoth 517 Coston					0 2	VI /	ီ0	2 /	' 2	0 Ď 6		
	City Boise	State Zip Code ID 83712				Amoui	nt of	Each	Disburs	emer	t this F	Perio	d
	Purpose of Disbursement Unified Membership Payment to Affiliate		0	08						-	9.0	)8	
	Candidate Name		Cate	egory/ /pe									
	Senate President	sement For: Primary General Other (specify)											
	State: District:				+								
Э.	Full Name (Last, First, Middle Initial) Libertarian Party of Idaho					Transa Date o			SB22.	1835	77		
	Mailing Address c/of Gordon Wilmoth 517 Coston					0 2	M /	0	2 /	Ý Ž	0 0 6	Y	
	City Boise	State Zip Code ID 83712				Amoui	nt of	Each	Disburs	emen	t this F	Perio	d
	Purpose of Disbursement Unified Membership Payment to Affiliate		0	08							81.7	75	
	Candidate Name	L.	Cate	egory/ ype									
	Office Sought: House Senate President State: District:	sement For:  Primary General  Other (specify) ▼											
s	SUBTOTAL of Disbursements This Page (optiona	)		. •		Ť.			•	•	160.5	8	
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ıſI	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	X	22 28a	23	3 3b	24 28c	F	25 29		26 30b
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	or commercial purposes, other than using the name	e and address of any political	comr	mittee to	solici	t contri	bution	s fro	m such	comr	nittee		
	NAME OF COMMITTEE (In Full)												
/	Libertarian National Committee												
	Full Name (Last, First, Middle Initial)					Transa	action	ID:	SB22.1	834	48		
٨.	Libertarian Party of Illinois					Date o	of Disb			· · ·	· · · ·	V	
	Mailing Address c/of Jan Stover 515 W. Main Street					0 2		0	2	2	οŏε	5	
	City Greenville	State Zip Code IL 62246				Amour	nt of E	ach I	Disburse	emen	t this F	Perio	d
	Purpose of Disbursement										76.4	12	
	Unified Membership Payment to Affiliate			800									
	Candidate Name			tegory/ Type									
		ement For:											
	Senate President	Primary General Other (specify) ▼											
	State: District:	Other (specify)											
	Full Name (Last, First, Middle Initial)					Trans	action	ın.	SB22.1	925	70		
_	Libertarian Party of Illinois					Date o		urse	ment			Υ	
	Mailing Address c/of Jan Stover 515 W. Main Street					0 2		0	2	2	0 Ď 6	5	
	City Greenville	State Zip Code IL 62246				Amour	nt of E	ach I	Disburse	emen	t this F	Perio	d
	Purpose of Disbursement Unified Membership Payment to Affiliate			008							687.7	75	
	Candidate Name		Ca	tegory/ ype									
	Senate President	ement For:  Primary General  Other (specify) ▼											
	State: District:												
_	Full Name (Last, First, Middle Initial) Libertarian Party of Indiana					Transa Date o			SB22.1 ment	835	79		
	Mailing Address 2587 S 250 E					0 2	M /	<sup>D</sup> 0	<sup>D</sup> / [	Ý Ž	0 ŏ 6	Y	
	City Shalbarilla	State Zip Code IN 46176-9310				Amour	nt of E	ach I	Disburse	-men	t this F	Perio	d
	Shelbyville Purpose of Disbursement	IN 46176-9310									657.5	50	
	Unified Membership Payment to Affiliate  Candidate Name			008									
	Candidate Name			tegory/ Type									
	Office Sought: House Disburs Senate	ement For: Primary General											
	President State: District:	Other (specify)											
	2.000					-							_
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or for commercial purposes, other than using the	name and address of any political co	ommitt	ee to s	olicit	contri	butio	ns tro	m such	comr	nittee		
NAME OF COMMITTEE (In Full)												
Libertarian National Committee												
Full Name (Last, First, Middle Initial)				-	Transa	actio	n ID:	SB22.1	1834	52		
Libertarian Party of Iowa					Date o	of Dis			V • V	· · ·	V	
Mailing Address C/O Tim Hird 3119 E Diehl Ave.					0 2		0	2 /	2	οŏε		
City Des Moines	State Zip Code IA 50320				Amour	nt of	Each	Disburs	emen	t this F	erio	d
Purpose of Disbursement			-	1						19.8	37	
Unified Membership Payment to Affiliate		900	3									
Candidate Name		Catego Typo	-									
Office Sought: House Dis	bursement For:  Primary General											
President	Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial)				١.	Transa	actio	n ID:	SB22.1	1835	76		
3. Libertarian Party of Iowa					Date o		burse	ment			V	
Mailing Address C/O Tim Hird 3119 E Diehl Ave.					0 2	, ,	0	2 /	<u>'</u> 2	0 ŏ 6		
City Des Moines	State Zip Code IA 50320				Amour	nt of	Each	Disburs	emen	t this F	Perio	d
Purpose of Disbursement Unified Membership Payment to Affiliate		008	3		L.	_				178.8	38	
Candidate Name		Catego Typo	-									
Senate President	bursement For:  Primary General  Other (specify) ▼											
State: District:												
Full Name (Last, First, Middle Initial) Libertarian Party of Kansas					<b>Transa</b> Date o			SB22.1	1835	82		
Mailing Address P.O. Box 2456					0 2	M /	<sup>D</sup> 0	2 /	Ý Ž	0 0 6	Y	
City Wichita	State Zip Code KS 67201-2456				Amour	nt of	Each	Disburs	emen	t this F	Perio	d
Purpose of Disbursement Unified Membership Payment to Affiliate	7,231,2166	000								242.0	00	
Candidate Name		008 Catego Type	ory/									
Office Sought: House Dis Senate President State: District:	bursement For:  Primary General  Other (specify) ▼											
	onal)									440.7	'5	$\overline{}$
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Ιſ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	X	22 28a	23		24 28c	П	25 29	$\Box$	26 30b
	y Information copied from such Reports and State											S	
or	for commercial purposes, other than using the nan	ne and address of any political	comr	nittee to	SOLIC	t contri	butions	s froi	m such o	comn	nittee		
$\rangle$	NAME OF COMMITTEE (In Full) Libertarian National Committee												
	Full Name (Last, First, Middle Initial)					Trans	action	ID: S	SB22.1	834	56		
۹.	Libertarian Party of Kentucky					M	f Disbu	urser		/ ` Y	0 Ď 6	Y	
	Mailing Address 719 Talon Place					0 2		Ų,			000		
	City Louisville	State Zip Code KY 40223				Amoui	nt of Ea	ach [	Disburse	emen	t this F	Perio	d
	Purpose of Disbursement										14.2	25	
	Unified Membership Payment to Affiliate			800									
	Candidate Name			tegory/ ype									
	Senate President	ement For: Primary General Other (specify)											
	State: District:												
3.	Full Name (Last, First, Middle Initial) Libertarian Party of Kentucky						<b>action</b> of Disbu		SB22.1 ment	835	84		
	Mailing Address 719 Talon Place					0 <sup>M</sup> 2	И /	0	2 /	ž	0 Ď 6	Y	
	City Louisville	State Zip Code KY 40223				Amoui	nt of Ea	ach [	Disburse	emen	t this F	Perio	d
	Purpose of Disbursement Unified Membership Payment to Affiliate	70223		008						•	128.2	25	
	Candidate Name		Ca	tegory/ ype									
	Senate President	ement For:  Primary General  Other (specify) ▼											
Э.	Full Name (Last, First, Middle Initial) Libertarian Party of Louisiana					Date o	f Disbu	urser	SB22.1 ment				
	Mailing Address P.O. Box 66301					0 2	<i>M</i> /	0	2 /	ž	0 0 6	Y	
	City Baton Rouge	State Zip Code LA 70896-6301				Amoui	nt of Ea	ach [	Disburse	emen	t this F	Perio	d
	Purpose of Disbursement Unified Membership Payment to Affiliate			008		L.					15.9	92	
	Candidate Name		Ca	tegory/ ype									
	Office Sought:    House   Disburs	ement For:  Primary General  Other (specify) ▼											
	Oldio.					_		_					_
s	UBTOTAL of Disbursements This Page (optional)		<u></u>	▶		L.					158.4	12	
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ITEMIZ	ZED DISI	BURSEMEN'	TS	for each o	category of the Summary Page		(check on 21b 27	X 2	´ _	23 28b	24 280	Я	25 29	26 30b
		from such Reports ses, other than usin												;
NAME	OF COMMIT		<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
A. Liber		st, Middle Initial) of Louisiana P.O. Box 66301						D		Disburs	: SB22. ement		35 0 0 6	Y
City	n Rouge			ate A	Zip Code 70896-6301			-	•		Disburs	ement	this P	eriod
Unifie	se of Disburso d Membership date Name	ement Payment to Affiliate	Э			Са	008 tegory/ Type						143.2	25
Office State:	Sought:	House Senate President District:		ent For: Primary Other (spec	General cify) ▼		71-							
3. Liber	tarian Party							D	ate of	Disburs	: SB22. ement		60 0 0 6	Y
Mailing	g Address	P.O. Box 2020						L	0 2		) 2	. 2	006	
City Bidde	eford			ate IE	Zip Code 04005-8020			A	mount	of Each	n Disburs	ement	this P	eriod
Unifie	se of Disburso d Membership date Name	ement Payment to Affiliate	Э			Са	008 tegory/ Type						11.9	2
Office State:	Sought:	House Senate President District:		ent For: Primary Other (spec	General cify) ▼									
Full N		st, Middle Initial)						D	ate of	Disburs				V
Mailing	g Address	P.O. Box 2020							0 2		02 /	2	0 Ď 6	
City Bidde				ate IE	Zip Code 04005-8020			A	mount	of Each	Disburs		this P	
Unifie	se of Disburso d Membership date Name	ement Payment to Affiliate	Э			Са	008 tegory/ ype						107.2	.5
Office State:	Sought:	House Senate President District:		ent For: Primary Other (spec	General cify) ▼									
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11	EMIZED DISBURSEMENTS		category of the Summary Page			21b 27	X	<b>-</b> ′		23 28l	<u> </u>	24 28		25 29		26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name														ıs	
$\vdash$	NAME OF COMMITTEE (In Full)															
$ \rangle$	Libertarian National Committee															
Α.	Full Name (Last, First, Middle Initial) Libertarian Party of Massachusetts							<b>Tran</b> Date					.1834	461		
	Mailing Address PMB #276, 203 Washing	ton Stree	t					0 <sup>M</sup> 2	М	/	0 2	2 /	Y	ž 0 Ŏ	6 Y	
	City Salem	State MA	Zip Code 01970					Amo	unt c	of Ea	ch C	isbur	seme	nt this	Perio	od
	Purpose of Disbursement Unified Membership Payment to Affiliate			Γ				L.				_		48.	50	
	Candidate Name			С		gory/ pe										
	Senate President	ement For: Primary Other (spe	General													
	State: District:															
В.	Full Name (Last, First, Middle Initial) Libertarian Party of Massachusetts							Date	of D	isbu	ırsen	nent	.183		V/	
	Mailing Address PMB #276, 203 Washing	jton Stree	t					0 <sup>M</sup> 2	М		0 2	2 /	Y :	ž 0 Ŏ	3 <sup>Y</sup>	
	City Salem	State MA	Zip Code 01970					Amo	unt c	of Ea	ch C	isbur	seme	nt this		od
	Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name			C	ate	08 egory/					•			436.	50	
	Office Sought:    House   Disburse     Senate   President     State: District:	ement For: Primary Other (spe	General ecify) ▼			<u>.                                      </u>										
C.	Full Name (Last, First, Middle Initial) Libertarian Party of Michigan							<b>Tran</b> Date					.1834	462		
	Mailing Address POB 27065							0 <sup>M</sup> 2	М	/	0 2	2 /	Y	ž 0 Ŏ	6 Y	
	City Lansing	State MI	Zip Code 48924-7065					Amo	unt c	of Ea	ch C	isbur	seme	nt this	Perio	od .
	Purpose of Disbursement Unified Membership Payment to Affiliate							L.						81.	83	
	Candidate Name			С		gory/ pe										
	Office Sought:  Senate  President  State:  Disburse	ement For: Primary Other (spe	General ecify) ▼													
S	UBTOTAL of Disbursements This Page (optional)					•								566.	83	
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	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		erate schedule(s) category of the			OR LIN			ER:				PAGE	82 /	158	
-	EMIZED DISBURSEMEN I S		Summary Page			21b 27	X	22 28a		23 28	b [	24 28		25 29		26 30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam														ıs	
$\vdash$	NAME OF COMMITTEE (In Full)		7.													
$ \rangle$	Libertarian National Committee															
Α.	Full Name (Last, First, Middle Initial) Libertarian Party of Michigan							Tran Date				_	.183	588		
	Mailing Address POB 27065							o <sup>M</sup> 2	М	/	<sup>D</sup> 0 2	D /	Y	ž 0 Ŏ (	6 Y	
	City Lansing	State MI	Zip Code 48924-7065					Amo	unt d	of Ea	ch C	Disbur	seme	nt this	Peric	d
	Purpose of Disbursement Unified Membership Payment to Affiliate			Г	00	08		L					•	736.	50	
	Candidate Name				ate Ty	gory/ pe										
	Office Sought: House Disbursi Senate President	ement For: Primary Other (sp	General ecify) ▼													
	State: District:															
В.	Full Name (Last, First, Middle Initial) Libertarian Party of Minnesota							Date	of D	Disbu	ırsen	nent	.183			
	Mailing Address P.O. Box 580774							0 <sup>M</sup> 2	M		0 2	2 /	Y	ž 0 ŏ	3 <sup>Y</sup>	
	City Minneapolis	State MN	Zip Code 55458-0774					Amo	unt d	of Ea	ch C	Disbur	seme	nt this		od
	Purpose of Disbursement Unified Membership Payment to Affiliate			Г		•								32.	83	
	Candidate Name				ate Ty	gory/ pe										
	Office Sought:  Senate President  State:  Disburse	ement For: Primary Other (sp	General ecify)													
C.	Full Name (Last, First, Middle Initial) LIBERTARIAN PARTY OF MINNESOTA							<b>Tran</b> Date					.183	589		
	Mailing Address PO BOX 580774							0 <sup>M</sup> 2	М	1	<sup>D</sup> 0 2	D /	Υ	ž 0 Ŏ	3 Y	
	City Minneapolis	State MN	Zip Code 55458-0774					Amo	unt d	of Ea	ch C	Disbur	seme	nt this		d
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	Candidate Name				ate Ty	gory/ pe										
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (sp	General ecify) ▼													
٩	UBTOTAL of Disbursements This Page (optional)					•				•		*		1064.	83	$\overline{}$
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	HEDULE B (FEC Form 3X)		erate schedule(s)	_	NE NUMBER:	F	PAGE 8	3 / 158
ITE	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	21b	<u> </u>	23 24 28b 28c	25	
	Information copied from such Reports and Statem or commercial purposes, other than using the name							
`	NAME OF COMMITTEE (In Full) Libertarian National Committee							
	Full Name (Last, First, Middle Initial) Libertarian Party of Mississippi					on ID: SB22.	183465	;
i	Mailing Address PMB 145, Suite 200 1625 E. County Line Roa	ıd			0 2 M	02	Ý Ž0	0 6 °
	City	State MS	Zip Code 39211-1832		Amount o	f Each Disburs	ement th	
	Purpose of Disbursement Unified Membership Payment to Affiliate			008				7.42
	Candidate Name			Category/ Type				
	Senate President	ement For: Primary Other (spe	General cify) ▼					
	State: District:  Full Name (Last, First, Middle Initial)  Libertarian Party of Mississippi					ion ID: SB22.	183591	
ī	Mailing Address PMB 145, Suite 200 1625 E. County Line Roa	nd			02	02	Ý Ž0	06°
	City	State MS	Zip Code 39211-1832		Amount o	f Each Disburs		
1	Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name			008 Category/ Type			(	66.75
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼					
_	Full Name (Last, First, Middle Initial) Libertarian Party of Missouri					ion ID: SB22.	183467	,
i	Mailing Address P.O. Box 78623				02	0 2 /	Ý Ž0	06°
	City St Louis	State MO	Zip Code 63178-8623		Amount o	f Each Disburs		
1	Purpose of Disbursement Unified Membership Payment to Affiliate						3	33.25
_	Candidate Name  Office Sought: House Disburse	ement For:		Category/ Type				
	Senate President State: District:	Primary Other (spe	General cify) ▼					
	BTOTAL of Disbursements This Page (optional)			ì			10	7.42
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ıſ	EMIZED DISBURSEMENTS	for each category of Detailed Summary		ļĖ	21b 27	X	22 28a		23 28b	24 28c	F	25 29	$\Box$	26 30b
	y Information copied from such Reports and State												S	
or	for commercial purposes, other than using the nar	ne and address of any p	political co	mm	ittee to s	solic	it contri	ibuti	ons fro	om such	com	nittee		
$\setminus$	NAME OF COMMITTEE (In Full)													
/	Libertarian National Committee													
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	SB22.	1835	90		
٦.	Libertarian Party of Missouri						Date o	of Di			V . V	· · ·	V	
	Mailing Address P.O. Box 78623						0 2		0	<sup>D</sup> /	2	0 Ď 6		
	City	State Zip Code MO 63178-					Amou	nt of	Each	Disburs	emen	t this F	Perio	d
	St Louis	MO 63178-	-0023			_						299.2	25	
	Purpose of Disbursement Unified Membership Payment to Affiliate		IΓ	٥	08		-	-			-	200		
	Candidate Name		$\dashv$		egory/									
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		sement For:												
	Senate		eneral											
	President State: District:	Other (specify)												
	Full Name (Last, First, Middle Initial)					+	_			0000	4004	07		
3.	Libertarian Party of Nebraska						Date o			SB22. <sup>-</sup> ement	1834	27		
	Mailing Address Chris Costello 2301 S 32nd Ave						0 2	M /	<sup>D</sup> 0	<sup>D</sup> /	Ý Ž	0 0 6	Y	
	City	State Zip Code	 е			+	Amou	nt of	Each	Disburs	emer	t this F	erio	
	Omaha	NE 68105											-	
	Purpose of Disbursement Unified Membership Payment to Affiliate										0	8.8	50	
	Candidate Name				egory/ /pe									
	Senate	,	eneral											
	State: President State:	Other (specify)												
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	SB22.	1835	93		
Э.	Libertarian Party of Nebraska						Date o	of Di	sburse					
	Mailing Address Chris Costello 2301 S 32nd Ave						0 2	М /	□0	2 /	ž	0 ŏ 6	Y	
	City Omaha	State Zip Code NE 68105	е				Amou	nt of	Each	Disburs	emer	t this F	Perio	d
	Purpose of Disbursement Unified Membership Payment to Affiliate			_	08							76.5	50	
	Candidate Name			Cate	egory/ /pe									
	Office Sought:  Senate President  State:  Disburs	sement For: Primary Ge Other (specify) ▼	eneral											
	Didnot.							_			_			_
S	UBTOTAL of Disbursements This Page (optional	)			. •		L.					384.2	25	
_	OTAL This Period (last page this line number onl	٨										-		
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s	• •	NUMBER:	PAGE 85 / 158				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	_ ´	24 25 26 28c 29 30b				
Any Information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full) Libertarian National Committee								
Full Name (Last, First, Middle Initial)  4. Libertarian Party of Nevada			Transaction II Date of Disbur	<b>D:</b> SB22.183468 rsement				
Mailing Address P.O. Box 94554			02 /	0 0 D				
City Las Vegas	State Zip Code NV 89193-4554	1	Amount of Eac	ch Disbursement this Period				
Purpose of Disbursement Unified Membership Payment to Affiliate		008		27.04				
Candidate Name		Category/ Type						
Senate President	sement For: Primary General Other (specify) ▼							
State: District:  Full Name (Last, First, Middle Initial)  Libertarian Party of Nevada			Transaction II	<b>D</b> : SB22.183595				
Mailing Address P.O. Box 94554			M M / D					
City Las Vegas	State Zip Code NV 89193-4554	1	Amount of Eac	ch Disbursement this Period				
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		008 Category/ Type		243.38				
Office Sought:  House Senate President State:  Disbur	sement For: Primary General Other (specify)							
Full Name (Last, First, Middle Initial) Libertarian Party of New Mexico			Transaction II Date of Disbur	<b>D:</b> SB22.183469 rsement				
Mailing Address Ron Bjornstad 918 Ivory Rd SE			02 /	002 7 2006				
City Rio Rancho	State Zip Code NM 87124-3003	3	Amount of Eac	ch Disbursement this Period				
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		Category/		20.29				
	sement For: Primary General Other (specify) ▼	Type						
SUBTOTAL of Disbursements This Page (optional	)			290.71				
TOTAL This Period (last page this line number on	,							

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s	) FOR LINE		PAGE 86 / 158				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	- ´	24 25 26 28c 29 30				
Any Information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full) Libertarian National Committee								
Full Name (Last, First, Middle Initial)  Libertarian Party of New Mexico			Transaction I	<b>D:</b> SB22.183594 rsement				
Mailing Address Ron Bjornstad 918 Ivory Rd SE			02 /	002 7 2006				
City Rio Rancho	State Zip Code NM 87124-3003	1	Amount of Ea	ch Disbursement this Period				
Purpose of Disbursement Unified Membership Payment to Affiliate		008		182.63				
Candidate Name		Category/ Type						
Senate President	sement For: Primary General Other (specify) ▼							
State: District:  Full Name (Last, First, Middle Initial)  Libertarian Party of New York			Transaction I	<b>D:</b> SB22.183471				
Mailing Address P.O. Box 728				2006				
City BELLPORT	State Zip Code NY 11713		Amount of Ea	ch Disbursement this Period				
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name		Category/ Type		785.00				
Office Sought: House Senate President State: District:	sement For:  Primary General  Other (specify) ▼							
Full Name (Last, First, Middle Initial) Libertarian Party of North Carolina			Transaction I	<b>D:</b> SB22.183592 rsement				
Mailing Address 1821 Hillandale Rd #1b	-253		02 4	$\begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 \end{bmatrix} \begin{bmatrix} 1 & 0 & 0 \\ 0 & 2 \end{bmatrix}$				
City Durham	State Zip Code NC 27705		Amount of Ea	ch Disbursement this Period				
Purpose of Disbursement Unified Membership Payment to Affiliate		008		584.50				
Candidate Name		Category/ Type						
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify)							
SUBTOTAL of Disbursements This Page (optional	<u> </u>			1552.13				
TOTAL This Period (last page this line number on	,	··············						

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	X 22 28a	$\boldsymbol{\sqcup}$	23 28b	24 28c	Н	25 29	26	
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or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political co	ווווווווווווווווווווווווווווווווווווווו	ee io s	OHUIL CONT	iibull	סוו פות	iii Sucri	COHIII	ııııee		_
Libertarian National Committee											
Full Name (Last, First, Middle Initial)				Trans	sactio	n ID:	SB22.1	18347	74		
Libertarian Party of Ohio						burse		V * V		V	
Mailing Address 700 Morse Rd Suite 208				0 <sup>M</sup> 2	M /	0	2 /	ž	0 Ď 6	Y	
,	State Zip Code			Amou	unt of	Each I	Disburs	ement	this P	eriod	
Columbus Purpose of Disbursement	OH 43214								77.0	0	
Unified Membership Payment to Affiliate					_		-			•	1
Candidate Name		Categ Typ	-								
Senate President	ment For: Primary General Other (specify) ▼										
State: District:  Full Name (Last, First, Middle Initial)				_			0000				_
3. Libertarian Party of Ohio				Date	of Dis	burse					
Mailing Address 700 Morse Rd Suite 208				0 <sup>M</sup> 2	M /	<sup>D</sup> 0	2 /	Ý Ž	0 Ď 6	Υ	
,	State Zip Code OH 43214			Amou	unt of	Each I	Disburs				_
Purpose of Disbursement	Г	004		L.					693.0	0	
Unified Membership Payment to Affiliate  Candidate Name		008 Categ Typ	ory/								
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)										
Full Name (Last, First, Middle Initial)				Trans	sactio	n ID:	SB22.1	1834	76		_
Libertarian Party of Oklahoma						burse					
Mailing Address P.O. Box 3342				0 <sup>M</sup> 2	M /	0	<sup>D</sup> /	ž ž	0 ŏ 6	Y	
City Edmond	State Zip Code OK 73083-3342			Amou	unt of	Each I	Disburs	ement	this P	eriod	_
Purpose of Disbursement Unified Membership Payment to Affiliate		008	В	L.					14.0	8	
Candidate Name	-	Categ Typ	ory/								
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)										
SUBTOTAL of Disbursements This Page (optional)			•		•				784.0	8	_
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<b>TOTAL</b> This Period (last page this line number only)											

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		erate schedule(s) category of the				INE NUMBE only one)								158	
11	EMIZED DISBORSEMEN 12		Summary Page			21b 27	X 22 23 28b		24 28	c [	25 29		26 30b			
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														ıs	
$\vdash$	NAME OF COMMITTEE (In Full)															
$ \rangle$	Libertarian National Committee															
Α.	Full Name (Last, First, Middle Initial) Libertarian Party of Oklahoma							<b>Tran</b> Date			_	B22 nent	.1835	597		
	Mailing Address P.O. Box 3342							0 <sup>M</sup> 2	М	/	0 2	2 /	Y	ž 0 ď	3 <sup>Y</sup>	
	City Edmond	State OK	Zip Code 73083-3342					Amo	unt c	of Ea	ch D	isbur	seme	nt this	Peric	d
	Purpose of Disbursement Unified Membership Payment to Affiliate			Γ	00	08		L.						126.	75	
	Candidate Name					gory/ pe										
	Senate President	ement For: Primary Other (spe	General ecify) ▼													
	State: District:															
В.	Full Name (Last, First, Middle Initial) Libertarian Party of Oregon							Date	of D	)isbu	rsen	_				
	Mailing Address 12602 SW Farmington F	Road						0 <sup>M</sup> 2	М		0 2	2 /	Y 2	ŽOĎ	3 <sup>Y</sup>	
	City Beaverton	State OR	Zip Code 97005-2755					Amount of Each Disbursement this Perio					d			
	Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name					08 gory/ pe		L.				•	•	459.	00	_
	Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼			<u> </u>										
С.	Full Name (Last, First, Middle Initial) Libertarian Party of Rhode Island							<b>Tran</b> Date				B22 nent	.1834	179		
	Mailing Address P.O. Box 603364							0 <sup>M</sup> 2	М	/	0 2	2 /	Y	200	6 <sup>Y</sup>	
	City Providence	State RI	Zip Code 02906-0000					Amo	unt c	of Ea	ch D	isbur	seme	nt this	Peric	d
	Purpose of Disbursement Unified Membership Payment to Affiliate				0(	08		L.	_	_				3.	67	_
	Candidate Name					gory/ pe										
	Office Sought:  Senate  President  State:  Disburse	ement For: Primary Other (spe	General ecify) ▼													
S.	UBTOTAL of Disbursements This Page (optional)					•								589.	42	$\overline{1}$
	OTAL This Period (last page this line number only)							F				-	•	-		Ħ

SCHEDULE B (FEC Form 3X)	Use seperate so		FOR LINE I		PAGE 89 / 158				
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Any Information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full) Libertarian National Committee									
Full Name (Last, First, Middle Initial)  Libertarian Party of Rhode Island					ion ID: SB2	2.18359	9		
Mailing Address P.O. Box 603364				0 <sup>M</sup> 2 M	02	<sup>Y</sup> <sup>Y</sup> 2 (	O O O		
City Providence	State Zip C RI 029			Amount o	f Each Disbu	irsement	this Period		
Purpose of Disbursement Unified Membership Payment to Affiliate			008				33.00		
Candidate Name		C	Category/ Type						
Senate President	sement For: Primary Other (specify)	General							
State: District:  Full Name (Last, First, Middle Initial)  Libertarian Party of South Carolina					ion ID: SB2	2.18360	0		
Mailing Address P.O. Box 7767				0 2	isbursement	Y Ž	0 0 6 °		
City Myrtle Beach	State Zip C SC 295	Code 72-7767		Amount o	f Each Disbu	irsement	this Period		
Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name			008 Category/ Type	L		2	246.00		
Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (specify)	General							
Full Name (Last, First, Middle Initial) Libertarian Party of South Dakota					ion ID: SB2	2.18348	1		
Mailing Address P.O. Box 9341				0 2 M	02	<sup>Y</sup> <sup>Y</sup> 2 (	0 0 6		
City Rapid City	State Zip C SD 577	ode 09-9341		Amount o	f Each Disbu	irsement			
Purpose of Disbursement Unified Membership Payment to Affiliate				L			3.58		
Candidate Name  Office Sought: House Disbur	sement For:		Category/ Type						
Senate President State: District:	Primary Other (specify)	General							
SUBTOTAL of Disbursements This Page (optional	)					2	82.58		
TOTAL This Period (last page this line number on	,					•			

S	CHEDULE B (FEC Form 3X)	Use sene	erate schedule(s)		NUMBER:	PAGE 90 / 158
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	- '	
	y Information copied from such Reports and St for commercial purposes, other than using the					
$\rangle$	NAME OF COMMITTEE (In Full) Libertarian National Committee					
۹.	Full Name (Last, First, Middle Initial) Libertarian Party of South Dakota  Mailing Address P.O. Box 9341				Transaction Date of Disb	ID: SB22.183602 ursement
	City Rapid City	State SD	Zip Code 57709-9341		Amount of Ea	ach Disbursement this Period
	Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name			008 Category/ Type		32.25
	Office Sought:  House Senate President State:  District:	oursement For: Primary Other (spe	General cify)			
3.	Full Name (Last, First, Middle Initial) Libertarian Party of Tennessee				Transaction Date of Disb	ID: SB22.183483 ursement
	Mailing Address P.O. Box 2361  City Cookeville	State TN	Zip Code 38502			ach Disbursement this Period
	Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name	TIN	30302	008 Category/ Type		34.37
	Office Sought: House Senate President State: District:	oursement For: Primary Other (spe	General cify) ▼	.,,,,,		
Э.	Full Name (Last, First, Middle Initial) Libertarian Party of Tennessee				Date of Disb	
	Mailing Address P.O. Box 2361				02 4	02 7 2006
	City Cookeville	State TN	Zip Code 38502		Amount of Ea	ach Disbursement this Period
	Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name			008 Category/ Type		309.38
	Office Sought:    House   Disk     Senate   President     State: District:	oursement For: Primary Other (spe	General cify) ▼			
s	UBTOTAL of Disbursements This Page (optio	onal)		<b>&gt;</b>		376.00
T	OTAL This Period (last page this line number	only)				

S	CHEDULE B (FEC Form 3X)	Use seperate sched	dule(s)		FOR LINE NUMBER: PAGE 9			/ 158
IT	EMIZED DISBURSEMENTS	for each category of Detailed Summary I	the	(check only 21b 27	b X 22 23 24 2			26 30k
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam							
01	NAME OF COMMITTEE (In Full)	le and address of any p	Onticar	Sommittee to so	iicit contributio		JCH COMMINICE	
$\rangle$	Libertarian National Committee							
_	Full Name (Last, First, Middle Initial)				Transactio	n ID: SB2	22.183604	
Α.	Libertarian Party of Texas				Date of Dis			. V
	Mailing Address P.O. Box 56426				02	<sup>D</sup> 0 2	y žoó	6
	City	State Zip Code	)		Amount of	Each Disb	ursement this	Period
	Houston	TX 77256				•	1481	50
	Purpose of Disbursement Unified Membership Payment to Affiliate			008			1401	.00
	Candidate Name			Category/ Type				
	Senate President	ement For: Primary Ge Other (specify)	neral	,,				
	State: District: Full Name (Last, First, Middle Initial)							
В.	Libertarian Party of Utah				Date of Dis	bursemen		
	Mailing Address P.O. Box 526025		02	0 2	Ž O O	6 Y		
	City Salt Lake City	State Zip Code UT 84152-			Amount of	Each Disb	ursement this	Period
	Purpose of Disbursement Unified Membership Payment to Affiliate			008			. 11	.67
	Candidate Name			Category/ Type				
	Senate President	ement For: Primary Ge Other (specify)	neral					
	State: District: Full Name (Last, First, Middle Initial)							
C.	Libertarian Party of Utah				Date of Dis	bursemen		· V
	Mailing Address P.O. Box 526025				0 2	<sup>D</sup> 0 2	ŽOŎ	6
	City Salt Lake City	State Zip Code UT 84152-			Amount of	Each Disb	ursement this	Period
	Purpose of Disbursement Unified Membership Payment to Affiliate			008			105	5.00
	Candidate Name			Category/ Type				
	Office Sought: House Senate President State: District:	ement For:  Primary Ge Other (specify)	neral					
[	UBTOTAL of Disbursements This Page (optional)						1598	.17
	OTAL This Period (last page this line number only					•		•
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	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)	FOR LINE NUMBER: (check only one)			AGE 92 / 158				
IT	EMIZED DISBURSEMENTS	for each o	category of the Category of the Summary Page	21b > 27	22 2	23 24 28b 28c	25 29	26 30b			
	y Information copied from such Reports and S for commercial purposes, other than using the							ns			
$\rangle$	NAME OF COMMITTEE (In Full) Libertarian National Committee										
۹.	Full Name (Last, First, Middle Initial) Libertarian Party of Vermont				Transactio Date of Dis	n ID: SB22.1 bursement	83488				
	Mailing Address PO Box 5475				02 4	0 2 /	žoŏe	3 <sup>Y</sup>			
	City Burlington	State VT	Zip Code 05402-5475		Amount of I	Each Disburse					
	Purpose of Disbursement Unified Membership Payment to Affiliate			008			7.	62			
	Candidate Name			Category/ Type							
	Senate President	sbursement For: Primary Other (spe	General cify) ▼								
	State: District:  Full Name (Last, First, Middle Initial)  Libertarian Party of Vermont				Transactio Date of Dis	n ID: SB22.1	83607				
	Mailing Address PO Box 5475				M M M /		žoŏ	3 Y			
	City Burlington	State VT	Zip Code 05402-5475		Amount of I	Each Disburs	ement this	Period			
	Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name			008 Category/ Type			68.	63			
	Office Sought:    House   Dis     Senate   President     State: District:	sbursement For: Primary Other (spe	General cify) ▼								
Э.	Full Name (Last, First, Middle Initial) Libertarian Party of Virginia				Transactio Date of Dis	n ID: SB22.1 bursement	83606				
	Mailing Address 4201 Wilson Blvd Ste 100-164				02 4	0 2 /	žoŏ	3 Y			
	City Arlington	State VA	Zip Code 22203-1859		Amount of I	Each Disburs					
	Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name			008			953.	00			
		sbursement For: Primary Other (spe	General	Category/ Type							
	State: District:	Onler (spe	∪ıı <i>y)</i> ▼								
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	CHEDULE B (FEC Form 3X)		erate schedule(s)				LINE NUMBER: k only one)			R: PAGE 93 / 158					158	
11	EMIZED DISBURSEMENTS		category of the Summary Page		È	21b 27	X	22 28a		23 28b	, [	24 280	; <u> </u>	25 29		26 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														s	
$\vdash$	NAME OF COMMITTEE (In Full)															
$ \rangle$	Libertarian National Committee															
Α.	Full Name (Last, First, Middle Initial) Libertarian Party of Washington							Trans Date			_		1834	190		
	Mailing Address P.O. Box 7118							0 <sup>M</sup> 2	М	/ [	0 2	/	Y	δο δ (	S <sup>Y</sup>	
	City Bellevue	State WA	Zip Code 98008					Amou	ınt o	f Ead	ch D	isburs	emer	nt this	Perio	t
	Purpose of Disbursement Unified Membership Payment to Affiliate			Г	00	08								69.	45	
	Candidate Name				ate Ty	gory/ pe										
	Senate President	ement For: Primary Other (spe	General <b>▼</b>													
	State: District: Full Name (Last, First, Middle Initial)							Trans	sacti	on I	D: S	R22	1836	508		
B.	LIBERTARIAN PARTY OF WASHINGTON	STATE						Date		isbu		ent		2 o ŏ e	Y	
	Mailing Address 400 NE 45TH ST SUITE 1776									L						
	City SEATTLE	State WA	Zip Code 98105					Amou	ınt o	f Ead	ch Di	isburs	emer	nt this 1		t T
	Purpose of Disbursement Unified Membership Payment to Affiliate Candidate Name			Ca	00 ate	gory/			•	•	•			023.	10	_
	Office Sought:  Senate President  State:  Disburse	ement For: Primary Other (spe	General cify) ▼													
C.	Full Name (Last, First, Middle Initial) Libertarian Party of West Virginia							Trans Date					1834	ļ91		
	Mailing Address PO Box 75423							0 <sup>M</sup> 2	М	/ [	0 2	/ [	Y 2	Ý 0 Ŏ (	S <sup>Y</sup>	
	City Charleston	State WV	Zip Code 25375-5423					Amou	ınt o	f Ead	ch D	isburs	emer	nt this I		t
	Purpose of Disbursement Unified Membership Payment to Affiliate				00	08								7.	37	_
	Candidate Name				ate Ty	gory/ pe										
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼													
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/	NAME OF COMMITTEE (In Full)													
/	Libertarian National Committee													
	Full Name (Last, First, Middle Initial)						Transa	actio	n ID:	SB22.1	1836	09		
٩.	Libertarian Party of West Virginia						Date o	_					V	
	Mailing Address PO Box 75423						0 2	vi /	<sup>D</sup> 0	<sup>D</sup> /	ž	0 Ď 6	Y	
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	Candidate Name			Cat	egory/									
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	President	Other (specify												
	State: District:		•											
	Full Name (Last, First, Middle Initial)						Transa	actio	n ID:	SB22.1	1834	92		
э.	Libertarian Party of Wyoming						Date o				V * V	V	V	
	Mailing Address C/O Carol Blomquist 840 Christie Dr.						0 2	/	<sup>D</sup> 0	2 /	ž	0 Ď 6	Y	
	City Riverdon		p Code 2501				Amour	nt of	Each	Disburs	emen	t this F	erio	d
	Purpose of Disbursement	VV 1 0	2301			-						4.2	25	
	Unified Membership Payment to Affiliate			0	08				-		-		-	
	Candidate Name				egory/ ype									
		ement For:												
	Senate President	Other (specify	General											
	State: District:	Other (Specify	/ ▼											
_	Full Name (Last, First, Middle Initial)						Transa	actio	n ID:	SB22.1	1836	10		
j.	Libertarian Party of Wyoming						Date o	f Dis	burse					
	Mailing Address C/O Carol Blomquist 840 Christie Dr.						0 2	M /	0	2 /	Ý Ž	0 Ď 6	Y	
	City		p Code			T	Amour	nt of	Each	Disburs	emen	t this F	erio	d
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	Unified Membership Payment to Affiliate			_	08									
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	Senate	Primary	General											
	President State: District:	Other (specify	<b>v</b> ) <b>v</b>											
	otato. District.						_	_					_	_
s	UBTOTAL of Disbursements This Page (optional)				. •		L.					108.8	8	
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#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s)

PAGE 95 / 158 FOR LINE NUMBER

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Excluding Loans		numbered li	ne) (Check only one	10
NAME OF COMMITTEE (In Full) Libertarian National Committee				
A. Full Name (Last, First, Middle Ini Christopher Darzinski	tial) of Debtor or Creditor		e of Debt (Purpose): rtising	
Mailing Address 1359 Chandler	Ave			
City State Lincoln Park MI	ZIP Code 48146-2009			
Outstanding Balance Beginning T	• •		Transaction ID: SD	9.15703
Amount Incurred This Peri	.00 od Payment This Perio	ıd Outs	tanding Balance at Clo	se of This Period
0 0 0 0 0 0	.00	0.00	anding Balance at Clos	20.00
B. Full Name (Last, First, Middle Ini Allen Hendrix	tial) of Debtor or Creditor		e of Debt (Purpose): rtising	
Mailing Address 546 Bear Creek	ς Rd			
City State Carrollton GA	ZIP Code 30117-7669			
Outstanding Balance Beginning T	his Period		Transaction ID: SD	9.19679
Amount Incurred This Peri	od Payment This Perio	d Outs	tanding Balance at Clo	se of This Period
0	.00	0.00		25.00
1) SUBTOTALS This Period This Page	ge (optional)	<b>&gt;</b>		45.00
2) TOTALS This Period (last page this	line number only)	<b>&gt;</b>		45.00
3) TOTALS OUTSTANDING LOANS	from Schedule C (last page only)	<b>&gt;</b>		
4) ADD 2) and 3) and carry forward to	appropriate line of Summary Page (last page	e only)		

#### **SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE 96 / 158

OR LINE NUMBER:	
check only one)	ı
	1

Excluding Loans		numbered line) X 10
NAME OF COMMITTEE (In Full) Libertarian National Committee		
A. Full Name (Last, First, Middle Initial) of Debtor Accurint	or Creditor	Nature of Debt (Purpose): Address and Phone Verification
Mailing Address P.O. Box 538358		
City State Atlanta GA	ZIP Code 30353-8358	
Outstanding Balance Beginning This Period		Transaction ID: SD10.175168
127.50  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	127.50
B. Full Name (Last, First, Middle Initial) of Debtor Advanced Mailing Services, LLC	r or Creditor	Nature of Debt (Purpose): Non Candidate Printing/Ma- iling
Mailing Address 14970 Farm Creek Drive		
City State Woodbridge VA	ZIP Code 22191-3550	
Outstanding Balance Beginning This Period		Transaction ID: SD10.177674
1167.35  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1167.35	0.00
C. Full Name (Last, First, Middle Initial) of Debtor Advanced Mailing Services, LLC	or Creditor	Nature of Debt (Purpose): Non Candidate Printing/Ma- iling
Mailing Address 14970 Farm Creek Drive		
City State Woodbridge VA	ZIP Code 22191-3550	
Outstanding Balance Beginning This Period		Transaction ID: SD10.180568
1233.27  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1233.27	0.00
1) SUBTOTALS This Period This Page (optional)		▶ 127.50
2) TOTALS This Period (last page this line number	only)	<b>&gt;</b>
3) TOTALS OUTSTANDING LOANS from Schedu	ıle C (last page only)	>
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	->

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SCHEDULE D (FEC FOIIII 3X)		(Use separate	
DEBTS AND OBLIGATIONS	AND OBLIGATIONS		FOR LINE NUMBER:
		for each numbered line)	(check only one) 9
Excluding Loans		mambered line)	X   10
NAME OF COMMITTEE (In Full) Libertarian National Committee			
Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor	or Croditor	Nature of D	ebt (Purpose):
Advocates for Self Government	or Creditor	Quiz Card	
/tavodates for Sen Government		Quiz ouro	
Mailing Address 5 South Public Square #30	)4		
City State	ZIP Code		
Cartersville GA	30120		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.80520
830.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		830.00
0.00	0.00		830.00
P. Full Name (Leat First Middle Initial) of Debter	or Croditor	Noture of D	ebt (Purpose):
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.	or Creditor		ebi (Fulpose). 1 Remittance
American National Insurance 66.		+orrer lai	Themitanee
Mailing Address Attn: Lea Pollack			
P. O. Box 1830 - Pension [	Dept.		
City State	ZIP Code		
Galveston TX	77550-1830		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.177691
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.177691
Outstanding Balance Beginning This Period 478.86		Tra	nsaction ID: SD10.177691
1 1 1 1 1 1 1 1 1	Payment This Period		nsaction ID: SD10.177691  ng Balance at Close of This Period
478.86  Amount Incurred This Period		Outstandir	ng Balance at Close of This Period
478.86	Payment This Period 0.00	Outstandir	
478.86  Amount Incurred This Period  0.00	0.00	Outstandir	ng Balance at Close of This Period 478.86
478.86  Amount Incurred This Period	0.00	Outstandir Nature of D	ng Balance at Close of This Period
478.86  Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor	0.00	Outstandir Nature of D	ng Balance at Close of This Period 478.86 ebt (Purpose):
478.86  Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor	0.00	Outstandir Nature of D	ng Balance at Close of This Period 478.86 ebt (Purpose):
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension Description	0.00 or Creditor Dept.	Outstandir Nature of D	ng Balance at Close of This Period 478.86 ebt (Purpose):
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension E	0.00 or Creditor  Dept. ZIP Code	Outstandir Nature of D	ng Balance at Close of This Period 478.86 ebt (Purpose):
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension Description	0.00 or Creditor Dept.	Outstandir Nature of D	ng Balance at Close of This Period 478.86 ebt (Purpose):
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension E	0.00 or Creditor  Dept. ZIP Code	Outstandin  Nature of D 401K Plar	ng Balance at Close of This Period 478.86 ebt (Purpose):
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension Edity State Galveston TX  Outstanding Balance Beginning This Period	0.00 or Creditor  Dept. ZIP Code	Outstandin  Nature of D 401K Plar	ng Balance at Close of This Period 478.86  ebt (Purpose): n Remittance
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension E City State Galveston TX  Outstanding Balance Beginning This Period  492.31	0.00 or Creditor  Dept. ZIP Code 77550-1830	Outstandin  Nature of D 401K Plar	ng Balance at Close of This Period 478.86  ebt (Purpose): n Remittance
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension Edity State Galveston TX  Outstanding Balance Beginning This Period	0.00 or Creditor  Dept. ZIP Code	Outstandin  Nature of D 401K Plar	ng Balance at Close of This Period 478.86  ebt (Purpose): n Remittance
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension E City State Galveston TX  Outstanding Balance Beginning This Period  492.31	0.00 or Creditor  Dept. ZIP Code 77550-1830	Outstandin  Nature of D 401K Plar	ng Balance at Close of This Period 478.86  ebt (Purpose): n Remittance
Amount Incurred This Period  O.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension Edity State Galveston TX  Outstanding Balance Beginning This Period  492.31  Amount Incurred This Period	O.00 or Creditor  Dept. ZIP Code 77550-1830  Payment This Period	Outstandin  Nature of D 401K Plar	ang Balance at Close of This Period 478.86  ebt (Purpose): a Remittance  ansaction ID: SD10.180569  ang Balance at Close of This Period
Amount Incurred This Period  O.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension Edity State Galveston TX  Outstanding Balance Beginning This Period  492.31  Amount Incurred This Period	O.00 or Creditor  Dept. ZIP Code 77550-1830  Payment This Period	Outstandin  Nature of D 401K Plar	ng Balance at Close of This Period 478.86  ebt (Purpose): n Remittance  nsaction ID: SD10.180569  ng Balance at Close of This Period 492.31
Amount Incurred This Period  O.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension Edity State Galveston TX  Outstanding Balance Beginning This Period  492.31  Amount Incurred This Period	or Creditor  Dept. ZIP Code 77550-1830  Payment This Period 0.00	Outstandin  Nature of D 401K Plar	ang Balance at Close of This Period 478.86  ebt (Purpose): a Remittance  ansaction ID: SD10.180569  ang Balance at Close of This Period
Amount Incurred This Period  O.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension E City State Galveston TX  Outstanding Balance Beginning This Period 492.31  Amount Incurred This Period  0.00  1) SUBTOTALS This Period This Page (optional)	or Creditor  Dept. ZIP Code 77550-1830  Payment This Period 0.00	Outstandin  Nature of D 401K Plan  Trai	ng Balance at Close of This Period 478.86  ebt (Purpose): n Remittance  nsaction ID: SD10.180569  ng Balance at Close of This Period 492.31
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension E City State Galveston TX  Outstanding Balance Beginning This Period  492.31  Amount Incurred This Period  0.00	or Creditor  Dept. ZIP Code 77550-1830  Payment This Period 0.00	Outstandin  Nature of D 401K Plar	ng Balance at Close of This Period 478.86  ebt (Purpose): n Remittance  nsaction ID: SD10.180569  ng Balance at Close of This Period 492.31
Amount Incurred This Period  O.00  C. Full Name (Last, First, Middle Initial) of Debtor American National Insurance Co.  Mailing Address Attn: Lea Pollack P. O. Box 1830 - Pension E City State Galveston TX  Outstanding Balance Beginning This Period 492.31  Amount Incurred This Period  0.00  1) SUBTOTALS This Period This Page (optional)	or Creditor  Dept. ZIP Code 77550-1830  Payment This Period 0.00	Outstandin  Nature of D 401K Plan  Trai	ng Balance at Close of This Period 478.86  ebt (Purpose): n Remittance  nsaction ID: SD10.180569  ng Balance at Close of This Period 492.31

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

(Use separate schedule(s)

PAGE 98 / 158 FOR LINE NUMBER:

DEBTS AND OBLIGATIONS		for each	(check only one) 9
idding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor o Arent Fox	r Creditor		Debt (Purpose): npliance Legal Serv-
Mailing Address Craig Engle 1050 Conn Ave NW			
City State	ZIP Code		
Washington DC	20036-5339		
Outstanding Balance Beginning This Period 0.00		Tra	nsaction ID: SD10.183638
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
6338.87	0.00		6338.87
B. Full Name (Last, First, Middle Initial) of Debtor o B & B Duplicators	r Creditor		Debt (Purpose): Mailing Non Cand-
Mailing Address 818 18th Street NW LL15			
City State Washington DC	ZIP Code 20006		
Outstanding Balance Beginning This Period		Tra	Insaction ID: SD10.171284
2226.05			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00	)	2226.05
C. Full Name (Last, First, Middle Initial) of Debtor o B & B Duplicators	r Creditor		Debt (Purpose): Mailing Non Cand-
Mailing Address 818 18th Street NW LL15			
City State Washington DC	ZIP Code 20006		
Outstanding Balance Beginning This Period 666.23		Tra	Insaction ID: SD10.175104
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		666.23
1) SUBTOTALS This Period This Page (optional)		. •	9231.15
2) TOTALS This Period (last page this line number on	ly)	. •	
3) TOTALS OUTSTANDING LOANS from Schedule	C (last page only)	. >	
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	) <b>&gt;</b>	

#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS** Ex

(Use separate schedule(s)

PAGE 99 / 158 FOR LINE NUMBER

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cluding Loans		numbered line) (Check only one)   9
IAME OF COMMITTEE (In Full) ibertarian National Committee		
A. Full Name (Last, First, Middle Initial) of Debtor of B & B Duplicators	Nature of Debt (Purpose): Printing/Mailing Non Candidate	
Mailing Address 818 18th Street NW LL15		
City State Washington DC	ZIP Code 20006	
Outstanding Balance Beginning This Period		Transaction ID: SD10.177675
338.40		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	338.40
B. Full Name (Last, First, Middle Initial) of Debtor of B & B Duplicators	or Creditor	Nature of Debt (Purpose): Party Related Non Candidate Printing
Mailing Address 818 18th Street NW LL15		
City State Washington DC	ZIP Code 20006	
Outstanding Balance Beginning This Period		Transaction ID: SD10.183639
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
315.14	0.00	315.14
C. Full Name (Last, First, Middle Initial) of Debtor of Dean Bankert	or Creditor	Nature of Debt (Purpose): Advertising
Mailing Address 1080 Fairfield Road		
City State Gettysburg PA	ZIP Code 17325	
Outstanding Balance Beginning This Period  22.50		Transaction ID: SD10.34463
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	22.50
) SUBTOTALS This Period This Page (optional)		676.04
c) TOTALS This Period (last page this line number or		<b>•</b>
c) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	<b>&gt;</b>
ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only)	) •

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DEBTS AND OBLIGATIONS		each	FOR LINE NUMBER: (check only one) 9
			[Λ] 10
Creditor			ebt (Purpose):
		Database	Services
ZIP Code 31193-0256			
		Trar	nsaction ID: SD10.130069
Payment This Period		Outstandin	ng Balance at Close of This Period
0.00	)		1869.61
Creditor		Nature of De	ebt (Purpose):
		Que Softw 1/06-12/06	vare Licensing Fee
ZIP Code			
31193-0256			
		Trar	nsaction ID: SD10.177692
Payment This Period		Outstandin	ng Balance at Close of This Period
3347.06	6		0.00
Creditor			ebt (Purpose):
	,	Advertisin	y
3			
ZIP Code			
90211-3325			
		Trar	nsaction ID: SD10.32948
Payment This Period	-	Outstandin	ng Balance at Close of This Period
0.00	)		63.75
	. •		1933.36
ly)	>		
C (last page only)	▶		
	Payment This Period  Creditor  ZIP Code 31193-0256  Payment This Period 3347.06  Creditor  3  ZIP Code 90211-3325  Payment This Period 0.00	Creditor  ZIP Code 31193-0256  Payment This Period  O.00  Creditor  ZIP Code 31193-0256  Payment This Period  3347.06  Creditor  3  ZIP Code 90211-3325  Payment This Period  0.00	ZIP Code 31193-0256  Tran  Payment This Period Outstandin  O.00  Creditor  ZIP Code 31193-0256  Tran  Payment This Period Outstandin  Outstandin  Outstandin  Tran  Payment This Period Outstandin  Outstandin

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

#### PAGE 101 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Virginia Brewer Advertising Mailing Address P.O. Box 237 ZIP Code City State RI 02874 Saunderstown Outstanding Balance Beginning This Period Transaction ID: SD10.32954 56.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 56.25 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advertising Virginia Brewer Mailing Address P.O. Box 237 ZIP Code State City Saunderstown RI 02874 Outstanding Balance Beginning This Period Transaction ID: SD10.33003 56.25 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 56.25 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Candidate Direct Mail Wanda O Brown, Consulting Mailing Address 21306 Blackjack Road

1) SUBTOTALS This Period This Page (optional)	•			 	2	12.5	50	
2) TOTALS This Period (last page this line number only)	<b>&gt;</b>			 				
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	<b>&gt;</b>							
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<b>&gt;</b>			 			<u>.</u>	

Payment This Period

0.00

Transaction ID: SD10.180570

Outstanding Balance at Close of This Period

100.00

ZIP Code

46176-9310

State

IN

Outstanding Balance Beginning This Period

Amount Incurred This Period

100.00

0.00

City

Shelbyville

(Use separate

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DEBTS AND OBLIGATIONS			dule(s) each	(check only one) 9
Excluding Loans			ered line)	X 10
NAME OF COMMITTEE (In Full)				
Libertarian National Committee				
A. Full Name (Last, First, Middle Initial) of Debtor (CAN1 - CANANWILL, INC	or Creditor		lature of Densurance	ebt (Purpose):
Mailing Address PO Box # 19639				
City State	ZIP Code			
Newark NJ	07195-0639			
Outstanding Balance Beginning This Period			Trar	saction ID: SD10.183641
0.00				
Amount Incurred This Period	Payment This Period		Outstandin	g Balance at Close of This Period
758.36	0.00		Gutotarian	758.36
700.00	0.00			700.00
B. Full Name (Last, First, Middle Initial) of Debtor (Central Parking System	or Creditor		lature of De Parking	ebt (Purpose):
Mailing Address PO Box 17505 Attn: Monthly Accts Dept.				
City State	ZIP Code			
Baltimore MD	21297-1505			
Outstanding Balance Beginning This Period			Trar	nsaction ID: SD10.106351
25.00				
Amount Incurred This Period	Payment This Period		Outstandin	g Balance at Close of This Period
0.00	0.00	)		25.00
<b>c.</b> Full Name (Last, First, Middle Initial) of Debtor Central Parking System	or Creditor		lature of De Parking	ebt (Purpose):
Mailing Address PO Box 17505				
Attn: Monthly Accts Dept.	710.0			
City State Baltimore MD	ZIP Code 21297-1505			
Outstanding Balance Beginning This Period	21207 1000		T	
			ırar	nsaction ID: SD10.171248
125.00				
Amount Incurred This Period	Payment This Period		Outstandin	g Balance at Close of This Period
0.00	0.00	)		125.00
1) SUBTOTALS This Period This Page (optional)		. •	U U	908.36
2) TOTALS This Period (last page this line number o	nly)			
3) TOTALS OUTSTANDING LOANS from Schedul	e C (last page only)	. •		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	, ▶		

#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

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FOR LINE NUMBER: (check only one) 9

NAME OF COMMITTEE (In Full)
Libertarian National Committee

xcluding Loans		numbered line)	X 10
JAME OF COMMITTEE (In Full) Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of J. Daniel Cloud	r Creditor		Debt (Purpose): Writing Non Candi-
Mailing Address 1013 Price Ave			
City State Columbia SC	ZIP Code 29201-1857		
Outstanding Balance Beginning This Period 1750.00		Tra	nsaction ID: SD10.180571
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
0.00	1750.00		0.00
B. Full Name (Last, First, Middle Initial) of Debtor o Commonwealth Digital Office Solutions	r Creditor		Debt (Purpose): pier Maintenance
Mailing Address 21205 Ridgetop Circle			
City State Sterling VA	ZIP Code 20166-6501		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.171287
125.63			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		125.63
C. Full Name (Last, First, Middle Initial) of Debtor of Commonwealth Digital Office Solutions	r Creditor		Debt (Purpose): pier Maintenance
Mailing Address 21205 Ridgetop Circle			
City State Sterling VA	ZIP Code 20166-6501		
Outstanding Balance Beginning This Period 135.08		Tra	nsaction ID: SD10.175108
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		135.08
I) SUBTOTALS This Period This Page (optional)		<b>•</b>	260.71
2) TOTALS This Period (last page this line number on			
B) TOTALS OUTSTANDING LOANS from Schedule			
I) ADD 2) and 3) and carry forward to appropriate line			
, , , , , ,	, 5- ()		

(Use separate

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DEBTS AND OBLIGATIONS Excluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of Commonwealth Digital Office Solutions	or Creditor		ebt (Purpose): oier Maintenance
Mailing Address 21205 Ridgetop Circle			
City State Sterling VA	ZIP Code 20166-6501		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.177676
155.02			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	155.02		0.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of Commonwealth Digital Office Solutions	or Creditor		ebt (Purpose): pier Maintenance
Mailing Address 21205 Ridgetop Circle			
City State Sterling VA	ZIP Code 20166-6501		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.180572
125.01			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		125.01
C. Full Name (Last, First, Middle Initial) of Debtor of Commonwealth Digital Office Solutions	or Creditor		ebt (Purpose): uintenance
Mailing Address 21205 Ridgetop Circle			
City State Sterling VA	ZIP Code 20166-6501		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.183642
0.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
763.39	0.00		763.39
SUBTOTALS This Period This Page (optional)		<b>•</b>	888.40
2) TOTALS This Period (last page this line number or		_ =	
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	<b>-</b>	

#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s)

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FOR LINE NUMBER: (check only one) 9

Excluding Loans		numbered line)	(Check only one) X 10	
NAME OF COMMITTEE (In Full) Libertarian National Committee				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporate & Leisure			Nature of Debt (Purpose): Staff Travel	
Mailing Address 2700 W. Cyprus Creek Road Suite D-105				
City State Ft Lauderdale FL	ZIP Code 33309			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.171288	
822.18				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
0.00	0.00		822.18	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Cory Consulting	Creditor		ebt (Purpose): st Services	
Mailing Address 325 Garrisonville Road Suite	106			
City State Stafford VA	ZIP Code 22554			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.106352	
1905.00				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
0.00	0.00		1905.00	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cory Consulting			ebt (Purpose): st Services	
Mailing Address 325 Garrisonville Road Suite	106			
City State Stafford VA	ZIP Code 22554			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180573	
930.00				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
0.00	0.00		930.00	
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	3657.18	
2) TOTALS This Period (last page this line number only	/)	<b>&gt;</b>		
3) TOTALS OUTSTANDING LOANS from Schedule 0	C (last page only)	<b>&gt;</b>		
4) ADD 2) and 3) and carry forward to appropriate line	of Summary Page (last page only)	<b>&gt;</b>		

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SCHEDOLE D (FEC FOIII 3X)		(Use separate		
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one)	
Excluding Loans		numbered line)	X 10	
NAME OF COMMITTEE (In Full) Libertarian National Committee				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cory Consulting			Nature of Debt (Purpose): Internet Server Maintenan- ce	
Mailing Address 325 Garrisonville Road Su	ite 106			
City State Stafford VA	ZIP Code 22554			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.183643	
0.00				
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period	
1005.00	0.00		1005.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor Thomas Cox	r or Creditor	Nature of D Advertisin	ebt (Purpose): g	
Mailing Address 12602 SW Farmington Ro				
City State Beaverton OR	ZIP Code 97005			
Outstanding Balance Beginning This Period 487.50		Tra	nsaction ID: SD10.32960	
1 1 1 1 1 1 1 1 1	Payment This Period		nsaction ID: SD10.32960	
487.50	Payment This Period	Outstandi		
487.50  Amount Incurred This Period	0.00	Outstandi	ng Balance at Close of This Period 487.50 ebt (Purpose):	
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor	0.00 or Creditor	Outstandi	ng Balance at Close of This Period 487.50 ebt (Purpose):	
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor Thomas Cox	0.00 or Creditor	Outstandi	ng Balance at Close of This Period 487.50 ebt (Purpose):	
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor Thomas Cox  Mailing Address 12602 SW Farmington Roccity State	0.00 r or Creditor ad ZIP Code	Outstandio  Nature of D  Advertisin	ng Balance at Close of This Period 487.50 ebt (Purpose):	
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor Thomas Cox  Mailing Address 12602 SW Farmington Ro.  City State Beaverton OR	0.00 r or Creditor ad ZIP Code	Outstandio  Nature of D  Advertisin	ng Balance at Close of This Period 487.50 ebt (Purpose):	
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor Thomas Cox  Mailing Address 12602 SW Farmington Ro.  City State Beaverton OR  Outstanding Balance Beginning This Period	0.00 r or Creditor ad ZIP Code	Outstandi  Nature of D  Advertisin	ebt (Purpose): g  nsaction ID: SD10.32961 ng Balance at Close of This Period	
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor Thomas Cox  Mailing Address 12602 SW Farmington Roccity State Beaverton OR  Outstanding Balance Beginning This Period  487.50	o.oc  or Creditor  ad  ZIP Code 97005	Outstandi  Nature of D  Advertisin  Tra  Outstandi	ng Balance at Close of This Period 487.50 ebt (Purpose): g	
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor Thomas Cox  Mailing Address 12602 SW Farmington Roccity State Beaverton OR  Outstanding Balance Beginning This Period  487.50  Amount Incurred This Period	o.00  or or Creditor  ad  ZIP Code 97005  Payment This Period  0.00	Outstandi  Nature of D Advertisin  Tra  Outstandi	ebt (Purpose): g  nsaction ID: SD10.32961 ng Balance at Close of This Period	
Amount Incurred This Period  0.00  C. Full Name (Last, First, Middle Initial) of Debtor Thomas Cox  Mailing Address 12602 SW Farmington Roccity State Beaverton OR  Outstanding Balance Beginning This Period  487.50  Amount Incurred This Period  0.00	o.00  or or Creditor  ad  ZIP Code 97005  Payment This Period  0.00	Outstandi  Nature of D Advertisin  Tra  Outstandi	ng Balance at Close of This Period 487.50  ebt (Purpose): g  nsaction ID: SD10.32961  ng Balance at Close of This Period 487.50	

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

(Use separate schedule(s) for each

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FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Dataprise** Internet Services Mailing Address PO Box 17672 ZIP Code City State MD **Baltimore** 21297 Outstanding Balance Beginning This Period Transaction ID: SD10.171289 1901.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1901.25 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Internet Services Dataprise Mailing Address PO Box 17672 ZIP Code City State Baltimore MD 21297 Outstanding Balance Beginning This Period Transaction ID: SD10.177677 990.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 990.00 Nature of Debt (Purpose): C. Full Name (Last, First, Middle Initial) of Debtor or Creditor De Lage Landen Financial Equipment Lease Mailing Address PO Box 41601 State ZIP Code City Philadelphia PA 19101-1601 Outstanding Balance Beginning This Period Transaction ID: SD10.110792 1.43 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1.43 0.00 2891.25 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s)

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FOR LINE NUMBER:

Excluding Loans		for each numbered line)	for each (check only one) numbered line)		
NAME OF COMMITTEE (In Full)		•		X   10	
Libertarian National Committee					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  De Lage Landen Financial			Nature of Debt (Purpose): Equipment Lease		
		Equipmen			
Mailing Address PO Box 41601					
Oit. Otata	ZID Code				
City State Philadelphia PA	ZIP Code 19101-1601				
Outstanding Balance Beginning This Period	10101 1001	Tro	nsaction ID: SD10.171	252	
		ıra	nsaction id: 5010.171	203	
517.12					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of Th	is Period	
0.00	517.12	2		0.00	
B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor		ebt (Purpose):		
De Lage Landen Financial		Equipmen	Equipment Lease		
Mailing Address PO Box 41601					
The second of th					
City State	ZIP Code				
Philadelphia PA	19101-1601				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.171	290	
517.12					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of Th	is Period	
0.00	517.12	,		0.00	
0.00	017112			0.00	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):		
De Lage Landen Financial		Equipmen	nt Lease		
Mailing Address PO Box 41601					
Mailing Address PO BOX 41001					
City State	ZIP Code				
Philadelphia PA	19101-1601				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.177	678	
593.27					
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of Th	is Period	
0.00	124.51	-		168.76	
0.00	124.31			100.70	
				-	
1) SUBTOTALS This Period This Page (optional)		. •	468.7	6	
O) TOTAL C. This Deviced //act acceptable line acceptance	1. 3	<b>&gt;</b>		-	
2) TOTALS This Period (last page this line number or					
3) TOTALS OUTSTANDING LOANS from Schedule	C (last page only)	. •			
·					
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	<b>&gt;</b>			

(Use separate schedule(s) for each numbered line) PAGE 109 / 158

FOR LINE NUMBER (che

R LINE NUMBER:		
eck only one)		9
	X	10

Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)	_		
Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor or	Creditor		ebt (Purpose):
De Lage Landen Financial		Equipmen	t Lease
Mailing Address PO Box 41601			
City State	ZIP Code		
Philadelphia PA	19101-1601		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180574
526.30			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		526.30
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or District of Columbia Libertarian Party	Creditor	Nature of D UMP payr	ebt (Purpose):
District of Columbia Libertarian Farty		Olvii payi	nent
Mailing Address 4733 First Street SW #303			
City State	ZIP Code		
Washington DC	20005		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.34610
87.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		87.00
C. Full Name (Last, First, Middle Initial) of Debtor or	Creditor		ebt (Purpose):
Michael Dixon		Travel Re are	imbursement-Airf-
Mailing Address 116 N Brackenbury Ln			
City State	ZIP Code		
Charlotte NC	28270-1901		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.110793
439.32			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		439.32
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	1052.62
2) TOTALS This Period (last page this line number only	')	_ •	
3) TOTALS OUTSTANDING LOANS from Schedule 0	C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate line	of Summary Page (last nage only)	_,	

#### PAGE 110 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FEC Compliance/File Retrieval and Repair Paula Edwards, CPA Mailing Address 1318 Roxanna Road NW ZIP Code City State DC 20012 Washington Outstanding Balance Beginning This Period Transaction ID: SD10.177679 31175.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 31175.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Disputed-Convention Services Consulting ENTCO Int. Inc Mailing Address 20016 Cedar Valley Road ZIP Code City State Lynnwood WA 98036 Outstanding Balance Beginning This Period Transaction ID: SD10.175109 4000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 4000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Disputed-Convention Servi-ENTCO Int. Inc ces Consulting

1) SUB	TOTALS This Period This Page (optional)				3	832	25.0	)0	
2) TOT	ALS This Period (last page this line number only)		1						
3) TOT	ALS OUTSTANDING LOANS from Schedule C (last page only)			 					
4) ADD	2) and 3) and carry forward to appropriate line of Summary Page (last page only)			 					

Payment This Period

0.00

Transaction ID: SD10.177681

Outstanding Balance at Close of This Period

3150.00

ZIP Code

98036

Mailing Address 20016 Cedar Valley Road

WA

Outstanding Balance Beginning This Period

Amount Incurred This Period

3150.00

0.00

State

City

Lynnwood

(Use separate schedule(s) for each

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FOR LINE NUMBER: (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Party Convention Services Consulting ENTCO Int. Inc Mailing Address 20016 Cedar Valley Road ZIP Code City State WA 98036 Lynnwood Outstanding Balance Beginning This Period Transaction ID: SD10.180575 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2000.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Convention Services ENTCO Int. Inc Mailing Address 20016 Cedar Valley Road ZIP Code City State WA 98036 Lynnwood Outstanding Balance Beginning This Period Transaction ID: SD10.183644 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3000.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Gillis Data & Information Services, LLc Printing/Mailing Non Candidate Mailing Address 8990 Westchester Dr ZIP Code City State Manassas VA 20112-4504 Outstanding Balance Beginning This Period Transaction ID: SD10.110797 1277.39 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1277.39 5277.39 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

(Use separate

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DEBTS AND OBLIGATIONS Excluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9
NAME OF COMMITTEE (In Full) Libertarian National Committee		'	
A. Full Name (Last, First, Middle Initial) of Debtor Patrick Heller	or Creditor	Nature of Do Advertising	ebt (Purpose): g
Mailing Address 300 Frandor Ave			
City State Lansing MI	ZIP Code 48912-5290		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.34464
850.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		850.00
B. Full Name (Last, First, Middle Initial) of Debtor David Hollist	or Creditor	Nature of Do Advertising	ebt (Purpose): g
Mailing Address PO Box 1414			
City State Alta Loma CA	ZIP Code 91701-8414		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.18263
45.00	Democrat This Desired	0.444	on Balance of Olean of This Boston
Amount Incurred This Period 0.00	Payment This Period 0.00		ng Balance at Close of This Period 45.00
C. Full Name (Last, First, Middle Initial) of Debtor David Hollist	or Creditor	Nature of De Advertising	ebt (Purpose): g
Mailing Address PO Box 1414			
City State Alta Loma CA	ZIP Code 91701-8414		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.18264
45.00			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
0.00	0.00		45.00
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	940.00
2) TOTALS This Period (last page this line number of	nly)	<b>&gt;</b>	
3) TOTALS OUTSTANDING LOANS from Schedu	e C (last page only)	<b>&gt;</b>	

(Use separate

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DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor David Hollist	or Creditor	Nature of D Advertisin	ebt (Purpose):
Mailing Address PO Box 1414			
City State Alta Loma CA	ZIP Code 91701-8414		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.18265
45.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
		-	
0.00	0.00		45.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
Integram		Non Cand	idate Printing Se-
Mallian Address - 0404 Hillian D.I.		rvice	
Mailing Address 8421 Hilltop Rd.			
City State	ZIP Code		
Fairfax VA	22031-4316		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.80541
9903.93			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		9903.93
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
J&N Printing		Printing/M idate	lailing Non Cand-
Mailing Address 5495 Glenthorne Court			
City State Baltimore MD	ZIP Code 21237		
Outstanding Balance Beginning This Period	21201		ID OD40 171001
		Irai	nsaction ID: SD10.171291
0.20			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		0.20
SUBTOTALS This Period This Page (optional)		<b>•</b>	9949.13
2) TOTALS This Period (last page this line number of		_	0 0 0 0 0 0 0
,		_	• • • • • • • • • • • • • • • • • • • •
3) TOTALS OUTSTANDING LOANS from Schedu	le C (last page only)	<b>-</b>	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only)	<b>&gt;</b>	

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SOULDOLL D (I LOT SIMI SX)		(056.56		
DEBTS AND OBLIGATIONS Excluding Loans		sched for e number	each	FOR LINE NUMBER: (check only one) 9
NAME OF COMMITTEE (In Full) Libertarian National Committee				1.11.10
A. Full Name (Last, First, Middle Initial) of Debtor or J&N Printing	Creditor	P		ebt (Purpose): ailing Non Cand-
Mailing Address 5495 Glenthorne Court				
City State Baltimore MD	ZIP Code 21237			
Outstanding Balance Beginning This Period			Trar	nsaction ID: SD10.175112
2333.46  Amount Incurred This Period	Downant This Davied	,	Outotondin	or Dalamas at Class of This Davied
0.00	Payment This Period 0.00	1	Juistandin	g Balance at Close of This Period 2333.46
B. Full Name (Last, First, Middle Initial) of Debtor or J&N Printing	Creditor	N: P	ature of De rinting/M late	ebt (Purpose): ailing Non Cand-
Mailing Address 5495 Glenthorne Court				
City State Baltimore MD	ZIP Code 21237			
Outstanding Balance Beginning This Period 2289.75			Trar	nsaction ID: SD10.175172
Amount Incurred This Period	Payment This Period	(	Outstandin	ng Balance at Close of This Period
0.00	0.00	)		2289.75
C. Full Name (Last, First, Middle Initial) of Debtor or J&N Printing	Creditor	Р		ebt (Purpose): ailing Non Cand-
Mailing Address 5495 Glenthorne Court				
City State Baltimore MD	ZIP Code 21237			
Outstanding Balance Beginning This Period 1837.00			Trar	nsaction ID: SD10.177683
Amount Incurred This Period	Payment This Period	(	Outstandin	ng Balance at Close of This Period
0.00	0.00	)		1837.00
1) SUBTOTALS This Period This Page (optional)		. •		6460.21
2) TOTALS This Period (last page this line number onl	у)			
3) TOTALS OUTSTANDING LOANS from Schedule	C (last page only)			

#### PAGE 115 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Candidate Party Letter Mailing J&N Printing Mailing Address 5495 Glenthorne Court ZIP Code City State MD 21237 **Baltimore** Outstanding Balance Beginning This Period Transaction ID: SD10.180576 2520.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2520.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Office Supplies Joe Ragan's Mailing Address PO Box 125 ZIP Code City State Soringfield VA 22150-0125 Outstanding Balance Beginning This Period Transaction ID: SD10.180578 155.75 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 155.75 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Krieg Family Trust Advertising Mailing Address 23207 Night Heron Way State ZIP Code City Bradenton FL 34202 Outstanding Balance Beginning This Period Transaction ID: SD10.34417 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 200.00 2875.75 1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

(Use separate schedule(s) for each

PAGE 116 / 158 FOR (chec

LINE NUMBER:		
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Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of Lewis, Dan	or Creditor		ebt (Purpose): ervices Non Cand-
Mailing Address 8755 Grantham Court			
City State Bristow VA	ZIP Code 20136		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.175114
250.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		250.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of Jack Lewis	or Creditor	Nature of D Advertisin	ebt (Purpose): g
Mailing Address 5206 Chinook Ave			
City State Boise ID	ZIP Code 83709-6122		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.32977
165.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		165.00
C. Full Name (Last, First, Middle Initial) of Debtor of Libertarian Party of Alabama	or Creditor	Nature of D Unified Me to Affiliate	ebt (Purpose): embership Payment
Mailing Address 2330 Highland Ave			
City State Birmingham AL	ZIP Code 35205		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180580
275.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	275.00		0.00
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	415.00
2) TOTALS This Period (last page this line number o	nly)	<b>&gt;</b>	
3) TOTALS OUTSTANDING LOANS from Schedul	e C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	_ <b>&gt;</b>	

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DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one)	9
Excluding Loans		numbered line)	(Check only one)	X 10
NAME OF COMMITTEE (In Full)				X   10
Libertarian National Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		ebt (Purpose):	
Libertarian Party of Alaska		to Affiliate	embership Payment	
Mailing Address PMB 373				
205 E Dimond Blvd				
City State	ZIP Code			
Anchorage AK	99515			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180	581
102.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of Thi	s Period
0.00	102.0	0		0.00
				0.00
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	Nature of D	ebt (Purpose):	
Libertarian Party of Arizona		Unified M	embership Payment	
Mailing Address 4802 E. Ray Road #23-255		to 7 timate	,	
Walling Address 4002 L. Hay Hoad #25-255				
City State	ZIP Code			
Phoenix AZ	85044			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180	582
396.00				
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of Thi	is Period
0.00	396.0		3	
0.00	390.0	0		0.00
C. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	Nature of D	ebt (Purpose):	
Libertarian Party of Arkansas		Unified M	embership Payment	
		to Allillate	<b>;</b>	
Mailing Address PO Box 15214				
City State	ZIP Code			
Little Rock AR	72231			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180	584
82.50				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of Thi	ic Pariod
			ng Balance at Close of Thi	1 1
0.00	82.5	0		0.00
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2) TOTALS This Period (last page this line number or	nly)	▶		
3) TOTALS OUTSTANDING LOANS from Schedule	e C. (last nage only)	<b>&gt;</b>		
o, 10. ALO 00101 ANDING LOANS Hom Schedule	o (last page offig)		1 1 1 1 1	++
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Excluding Loans			(check only one)	X 10
NAME OF COMMITTEE (In Full)		,		
Libertarian National Committee				
		-		
A. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor	Nature of D	ebt (Purpose):	
Libertarian Party of California		Unified Modern	embership Payment	
Mailing Address 14547 Titus St, Suite 214				
Maining Address 14547 Titus Ot, Outle 214				
City State	ZIP Code			
Panarama City CA	91402			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.18	30585
3286.50				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of <sup>-</sup>	This Pariod
			ig Balance at Close of	
0.00	3286.50			0.00
B. Full Name (Last, First, Middle Initial) of Debtor o	· Craditar	Notices of D	oht (Durnoss).	
Libertarian Party of California	Creditor		ebt (Purpose): embership Payment	
		to Affiliate	)	
Mailing Address 14547 Titus St, Suite 214				
City Ctata	ZIP Code			
City State Panarama City CA	91402			
Outstanding Balance Beginning This Period		Tuo	nsaction ID: SD10.18	22645
		ıra	nsaction id: 3D10.10	00040
0.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of	This Period
2921.33	0.00			2921.33
C. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor	Nature of D	ebt (Purpose):	
Libertarian Party of Colorado		Unified Model	embership Payment	
Mailing Address 1425 Brentwood St				
Thamming Addition 1 120 Brothwood Ot				
City State	ZIP Code			
Lakewood CO	80214			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.18	30586
721.00				
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of <sup>-</sup>	This Period
			9	
0.00	721.00	<u>'                                    </u>		0.00
1) SUBTOTALS This Period This Page (optional)		<b>▶</b>	2921	.33
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2) TOTALS This Period (last page this line number on	ly)			
3) TOTALS OUTSTANDING LOANS from Schedule	C (last page only)	<b>&gt;</b>		
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4) ADD 2) and 3) and carry forward to appropriate line	e of Summary Page (last page only)	<b>&gt;</b>		

#### Image# 27960045029 PAGE 119 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Colorado Mailing Address 1425 Brentwood St ZIP Code City State CO 80214 Lakewood Outstanding Balance Beginning This Period Transaction ID: SD10.183646 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 721.00 0.00 721.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Connecticut Mailing Address Attn: Andy Rule PO Box 2501 ZIP Code State City Middletown CT 06457-2501 Outstanding Balance Beginning This Period Transaction ID: SD10.180587 249.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 249.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):

Libertarian Party of Delaware			to Affiliate
Mailing Address P.O. Box 14	72		
City State	ZIP C	Code	-
Dover DE	1990	)3-1472	
Outstanding Balance Beginnin	g This Period 58.88		Transaction ID: SD10.180588
Amount Incurred This I	Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	58.88	0.00

1) SUBTOTALS This Period This Page (optional)	•			_	_	_	_	72	21.0	0	
2) TOTALS This Period (last page this line number only)	<b>&gt;</b>	-	-				<del>-</del>			_	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	•				-						
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	•										

#### PAGE 120 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Florida Mailing Address Libertarian Party of Florida 5901 Pendragon Lane ZIP Code City State Fort Myers FL 33912 Outstanding Balance Beginning This Period Transaction ID: SD10.180589 1089.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1089.75 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Florida Mailing Address Libertarian Party of Florida 5901 Pendragon Lane ZIP Code State City Fort Myers FL 33912 Outstanding Balance Beginning This Period Transaction ID: SD10.183647 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 968.67 0.00 968.67 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): LIBERTARIAN PARTY OF GEORGIA Unified Membership Payment to Affiliate Mailing Address 1874 PIEDMONT RD SUITE 590-E ZIP Code City State **ATLANTA** GΑ 30324 Outstanding Balance Beginning This Period Transaction ID: SD10.180590 1054.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1054.00 0.00 968.67 1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

#### PAGE 121 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate LIBERTARIAN PARTY OF GEORGIA Mailing Address 1874 PIEDMONT RD SUITE 590-E City State ZIP Code **ATLANTA** GΑ 30324 Outstanding Balance Beginning This Period Transaction ID: SD10.183648 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1054.00 0.00 1054.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Hawaii Mailing Address 625 Keawe Street ZIP Code City State Honolulu ΗΙ 96813 Outstanding Balance Beginning This Period Transaction ID: SD10.180591 69.75 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 69.75 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment Libertarian Party of Idaho to Affiliate Mailing Address c/of Gordon Wilmoth 517 Coston State ZIP Code City Boise ID 83712 Transaction ID: SD10.180592 Outstanding Balance Beginning This Period 81.75 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 81.75 0.00 1054.00 1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

(Use separate schedule(s)

PAGE 122 / 158 FOR LINE NUMBER:

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Excluding Loans		for each numbered line	(check only one)	9 X 10
NAME OF COMMITTEE (In Full)		<i>`</i>		
Libertarian National Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor	Nature of	Debt (Purpose):	
Libertarian Party of Illinois		to Affilia	Membership Paymen ate	ι
Mailing Address c/of Jan Stover				
515 W. Main Street				
City State Greenville IL	ZIP Code 62246			
	02240			
Outstanding Balance Beginning This Period		Т	ransaction ID: SD10.1	80593
687.75				
Amount Incurred This Period	Payment This Period	Outstan	iding Balance at Close of	This Period
0.00	687.75			0.00
				0.00
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Debt (Purpose):	
Libertarian Party of Illinois		Unified to Affilia	Membership Paymen	t
Mallian Address and Chan Observe		to Annie	al <del>o</del>	
Mailing Address c/of Jan Stover 515 W. Main Street				
City State	ZIP Code			
Greenville IL	62246			
Outstanding Balance Beginning This Period		т	ransaction ID: SD10.1	83649
0.00				
Amount Incurred This Period	Payment This Period	Outstan	iding Balance at Close of	This Period
			laing Balance at 61050 of	
611.33	0.00			611.33
C. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	Nature of	Debt (Purpose):	
Libertarian Party of Indiana		Unified	Membership Paymen	t
Mailing Address 0507 C 050 F		to Annia	al <del>e</del>	
Mailing Address 2587 S 250 E				
City State	ZIP Code			
Shelbyville IN	46176-9310			
Outstanding Balance Beginning This Period		Т	ransaction ID: SD10.1	80594
657.50				
Amount Incurred This Period	Payment This Period	Outetan	iding Balance at Close of	This Period
			laing Balance at 61050 of	
0.00	657.50			0.00
L				
1) SUBTOTALS This Period This Page (optional)		. ▶	611	.33
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4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	<b>-</b>		

(Use separate schedule(s) for each

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xcluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of Libertarian Party of Indiana	or Creditor		Debt (Purpose): embership Payment
Mailing Address 2587 S 250 E			
City State Shelbyville IN	ZIP Code 46176-9310		
Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period	Payment This Period		nsaction ID: SD10.183650
657.50	0.00		657.50
B. Full Name (Last, First, Middle Initial) of Debtor of Libertarian Party of Iowa	or Creditor		Debt (Purpose): embership Payment e
Mailing Address C/O Tim Hird 3119 E Diehl Ave. City State Des Moines IA	ZIP Code 50320		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180595
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	178.88		0.00
C. Full Name (Last, First, Middle Initial) of Debtor of Libertarian Party of Kansas	or Creditor		embership Payment
Mailing Address P.O. Box 2456			
City State Wichita KS	ZIP Code 67201-2456		
Outstanding Balance Beginning This Period 242.00		Tra	nsaction ID: SD10.180596
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	242.00		0.00
I) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	657.50
2) TOTALS This Period (last page this line number or	nly)	<b> </b>	
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	<b>-</b>	
1) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	<b>-</b>	

(Use separate schedule(s)

PAGE 124 / 158 FOR LINE NUMBER:

xcluding Loans		numbered line)	X 10			
NAME OF COMMITTEE (In Full) Libertarian National Committee						
A. Full Name (Last, First, Middle Initial) of Debtor Libertarian Party of Kentucky	or Creditor		ebt (Purpose): embership Payment			
Mailing Address 719 Talon Place						
City State Louisville KY	ZIP Code 40223					
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180597			
128.25						
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period			
0.00	128.25		0.00			
B. Full Name (Last, First, Middle Initial) of Debtor Libertarian Party of Louisiana	or Creditor		ebt (Purpose): embership Payment			
Mailing Address P.O. Box 66301						
City State Baton Rouge LA	ZIP Code 70896-6301					
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180598			
143.25						
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period			
0.00	143.25		0.00			
C. Full Name (Last, First, Middle Initial) of Debtor Libertarian Party of Maine	or Creditor	Unified M	Nature of Debt (Purpose): Unified Membership Payment to Affiliate			
Mailing Address P.O. Box 2020						
City State Biddeford ME	ZIP Code 04005-8020					
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180599			
107.25						
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period			
0.00	107.25		0.00			
I) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	0.00			
2) TOTALS This Period (last page this line number of	only)	<b>&gt;</b>				
3) TOTALS OUTSTANDING LOANS from Schedu	le C (last page only)	<b>&gt;</b>				
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only)					

(Use separate schedule(s) for each

Nature of Debt (Purpose):

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FOR LINE NUMBER:

**DEBTS AND OBLIGATIONS** (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Maine Mailing Address P.O. Box 2020 City State ZIP Code Biddeford ME 04005-8020 Outstanding Balance Beginning This Period Transaction ID: SD10.180607 706.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 706.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Massachusetts Mailing Address PMB #276, 203 Washington Street ZIP Code State City Salem MA 01970 Outstanding Balance Beginning This Period Transaction ID: SD10.180600 436.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 436.50 0.00

Libertarian Party of Michigan		Unified Membership Payment to Affiliate
Mailing Address POB 27065		
City State	ZIP Code	
Lansing MI	48924-7065	
Outstanding Balance Beginning This Period 736.50		Transaction ID: SD10.180601
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	736.50	0.00

1) SUBTOTALS This Period This Page (optional)			1	-	-	-	-	70	)6.5	<b>50</b>	
2) TOTALS This Period (last page this line number only)						1					
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)									-		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	•										

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

(Use separate schedule(s)

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FOR LINE NUMBER:		
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ixcluding Loans		numbered line)	(Check only one) X 10
NAME OF COMMITTEE (In Full) Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of Libertarian Party of Michigan	or Creditor	Nature of D Unified Mo to Affiliate	ebt (Purpose): embership Payment
Mailing Address POB 27065			
City State Lansing MI	ZIP Code 48924-7065		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.183651
0.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
654.67	0.00		654.67
B. Full Name (Last, First, Middle Initial) of Debtor of LIBERTARIAN PARTY OF MINNESOTA	or Creditor	Nature of D Unified Me to Affiliate	ebt (Purpose): embership Payment
Mailing Address PO BOX 580774			
City State Minneapolis MN	ZIP Code 55458-0774		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180602
295.50			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	295.50		0.00
C. Full Name (Last, First, Middle Initial) of Debtor of Libertarian Party of Mississippi	or Creditor		ebt (Purpose): embership Payment
Mailing Address PMB 145, Suite 200 1625 E. County Line Road			
City State	ZIP Code		
Jackson MS	39211-1832		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180603
66.75			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
0.00	66.75		0.00
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	654.67
2) TOTALS This Period (last page this line number or	nly)	<b>&gt;</b>	
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	<b>-</b>	

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DEBTS AND OBLIGATIONS		schedule(s for each	(check only one) 9
Excluding Loans		numbered lir	
NAME OF COMMITTEE (In Full)	_		
Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor (Libertarian Party of Missouri	or Creditor	Nature Unifie to Affi	of Debt (Purpose): d Membership Payment liate
Mailing Address P.O. Box 78623			
City State St Louis MO	ZIP Code 63178-8623		
	00170 0020		T
Outstanding Balance Beginning This Period			Transaction ID: SD10.180604
299.25			
Amount Incurred This Period	Payment This Period	Outst	anding Balance at Close of This Period
0.00	299.25		0.00
B. Full Name (Last, First, Middle Initial) of Debtor of Libertarian Party of Nebraska	or Creditor	Nature Unifie to Affi	of Debt (Purpose): d Membership Payment liate
Mailing Address Chris Costello 2301 S 32nd Ave			
City State	ZIP Code		
Omaha NE	68105		
Outstanding Balance Beginning This Period			Transaction ID: SD10.180579
76.50			
Amount Incurred This Period	Payment This Period	Outst	anding Balance at Close of This Period
0.00	76.50		0.00
0.00	70.00		0.00
C. Full Name (Last, First, Middle Initial) of Debtor Libertarian Party of Nevada	or Creditor		of Debt (Purpose): d Membership Payment liate
Mailing Address P.O. Box 94554			
City State	ZIP Code		
Las Vegas NV	89193-4554		
Outstanding Balance Beginning This Period			Transaction ID: SD10.180605
243.38			
Amount Incurred This Period	Payment This Period	Outst	anding Balance at Close of This Period
0.00	243.38		0.00
0.00	243.30		0.00
1) SUBTOTALS This Period This Page (optional)		• <u> </u>	0.00
2) TOTALS This Period (last page this line number o	nly)	<b>▶</b>	
3) TOTALS OUTSTANDING LOANS from Schedul	e C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	<b>-</b> ▶ [	

(Use separate schedule(s)

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EDIO AND ODLIGATIONS		for each	(check only one)	9				
xcluding Loans		numbered line)		X 10				
NAME OF COMMITTEE (In Full)								
ibertarian National Committee								
A. Full Name (Last, First, Middle Initial) of Debtor of Libertarian Party of New Mexico	or Creditor	Unified M	Nature of Debt (Purpose): Unified Membership Payment to Affiliate					
Mailing Address Ron Bjornstad 918 Ivory Rd SE		to / timate	•					
City State Rio Rancho NM	ZIP Code 87124-3003							
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.1806	06				
182.63								
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This	Period				
0.00	182.63	3		0.00				
B. Full Name (Last, First, Middle Initial) of Debtor of Libertarian Party of New York	or Creditor	Nature of D Unified M to Affiliate	ebt (Purpose): embership Payment					
Mailing Address 849 President St.								
City State Brooklyn NY	ZIP Code 11215							
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.1836	52				
0.00								
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This	Period				
628.00	0.00		62	8.00				
C. Full Name (Last, First, Middle Initial) of Debtor of Libertarian Party of North Carolina	or Creditor	Nature of D Unified M to Affiliate	ebt (Purpose): embership Payment					
Mailing Address 1821 Hillandale Rd #1b-253								
City State Durham NC	ZIP Code 27705							
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.18060	08				
584.50  Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of This	Period				
0.00	584.50			0.00				
1			0 0 0 0 0 0					
I) SUBTOTALS This Period This Page (optional)			628.00					
2) TOTALS This Period (last page this line number or	nly)	<b>&gt;</b>		-				
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	. •		-				
A) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	) <b>&gt;</b>						

(Use separate schedule(s) for each

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FOR LINE NUMBER: (check only one)

9

**DEBTS AND OBLIGATIONS** numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of North Carolina Mailing Address 1821 Hillandale Rd #1b-253 City State ZIP Code NC Durham 27705 Outstanding Balance Beginning This Period Transaction ID: SD10.183653 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 584.50 0.00 584.50 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Ohio Mailing Address 700 Morse Rd Suite 208 ZIP Code City State Columbus OH 43214 Outstanding Balance Beginning This Period Transaction ID: SD10.180609 693.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 693.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment Libertarian Party of Ohio to Affiliate Mailing Address 700 Morse Rd Suite 208 ZIP Code City State Columbus ОН 43214 Outstanding Balance Beginning This Period Transaction ID: SD10.183654 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 616.00 0.00 616.00 1200.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

#### PAGE 130 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Oklahoma Mailing Address P.O. Box 3342 ZIP Code City State Edmond OK 73083-3342 Outstanding Balance Beginning This Period Transaction ID: SD10.180610 126.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 126.75 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Oregon Mailing Address 12602 SW Farmington Road ZIP Code State City Beaverton OR 97005-2755 Outstanding Balance Beginning This Period Transaction ID: SD10.180611 459.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 459.00 0.00

C. Full Name (Last, First, Middle Initial) of Debto Libertarian Party of Rhode Island	Nature of Debt (Purpose): Unified Membership Payment to Affiliate				
Mailing Address P.O. Box 603364					
City State Providence RI	ZIP Code 02906				
Outstanding Balance Beginning This Period 33.00		Transaction ID: SD10.180612			
Amount Incurred This Period 0.00	Payment This Period 33.00	Outstanding Balance at Close of This Period 0.00			

1) SUBTOTALS This Period This Page (optional)	• [						 0.0	10	
2) TOTALS This Period (last page this line number only)	•	Ţ,		İ	İ	İ			
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	•								
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	•							_	

#### Image# 27960045041 PAGE 131 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Libertarian Party of South Carolina Unified Membership Payment to Affiliate Mailing Address P.O. Box 7767 City State ZIP Code Myrtle Beach SC 29572-7767 Outstanding Balance Beginning This Period Transaction ID: SD10.180613 246.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 246.00 0.00 0.00 Nature of Debt (Purpose): B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Unified Membership Payment to Affiliate Libertarian Party of South Dakota Mailing Address P.O. Box 9341 ZIP Code City State Rapid City SD 57709-9341 Outstanding Balance Beginning This Period Transaction ID: SD10.180614 32.25 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 32.25 0.00

•		to Affiliate
Mailing Address P.O. Box 2361		
City State	ZIP Code	
Cookeville TN	38502	
Outstanding Balance Beginning This Period 309.38		Transaction ID: SD10.180616
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	309.38	0.00

Nature of Debt (Purpose):

Unified Membership Payment

1) SUBTOTALS This Period This Page (optional)	•				 	0.0	0	_
2) TOTALS This Period (last page this line number only)	•	-	-					
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	•		-		 			_
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	•							

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Libertarian Party of Tennessee

#### Image# 27960045042 PAGE 132 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Texas Mailing Address P.O. Box 56426 ZIP Code City State Houston TX 77256 Outstanding Balance Beginning This Period Transaction ID: SD10.180615 1481.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1481.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Texas Mailing Address P.O. Box 56426 ZIP Code City State Houston TX 77256 Outstanding Balance Beginning This Period Transaction ID: SD10.183655 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period

·		to Affiliate
Mailing Address P.O. Box 526025		
City State	ZIP Code	
Salt Lake City UT	84152-6052	
Outstanding Balance Beginning This Period		Transaction ID: SD10.180617
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	105.00	0.00
1		

0.00

Nature of Debt (Purpose):

Unified Membership Payment

1481.50

Libertarian Party of Utah

1481.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

#### PAGE 133 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Vermont Mailing Address PO Box 5475 City State ZIP Code VT Burlington 05402-5475 Outstanding Balance Beginning This Period Transaction ID: SD10.180618 68.63 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 68.63 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Virginia Mailing Address 4201 Wilson Blvd Ste 100-164 ZIP Code State City Arlington VA 22203-1859 Outstanding Balance Beginning This Period Transaction ID: SD10.180619 953.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 953.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment Libertarian Party of Virginia to Affiliate Mailing Address 4201 Wilson Blvd Ste 100-164 State ZIP Code City Arlington V۸ 22203-1859 Outstanding Balance Beginning This Period Transaction ID: SD10.183656 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 953.00 0.00 953.00 953.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

(Use separate schedule(s) for each

PAGE 134 / 158 FOR LINE NUMBER: (check only one) 9

Excluding Loans		numbered line) (check chily check	
NAME OF COMMITTEE (In Full) Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of LIBERTARIAN PARTY OF WASHINGTON		Nature of D Unified Mo to Affiliate	ebt (Purpose): embership Payment
Mailing Address 400 NE 45TH ST SUITE 17	76		
City State SEATTLE WA	ZIP Code 98105		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180620
625.13			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	625.13		0.00
B. Full Name (Last, First, Middle Initial) of Debtor of LIBERTARIAN PARTY OF WASHINGTON			ebt (Purpose): embership Payment
Mailing Address 400 NE 45TH ST SUITE 17	76		
City State SEATTLE WA	ZIP Code 98105		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.183657
0.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
555.67	0.00		555.67
C. Full Name (Last, First, Middle Initial) of Debtor of Libertarian Party of West Virginia	or Creditor		ebt (Purpose): embership Payment
Mailing Address PO Box 75423			
City State Charleston WV	ZIP Code 25375-5423		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180621
66.38			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	66.38		0.00
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	555.67
2) TOTALS This Period (last page this line number or	nly)	<b>&gt;</b>	
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only)	<b>-</b>	

#### PAGE 135 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unified Membership Payment to Affiliate Libertarian Party of Wyoming Mailing Address C/O Carol Blomquist 840 Christie Dr. ZIP Code City State WY Riverdon 82501 Outstanding Balance Beginning This Period Transaction ID: SD10.180622 38.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 38.25 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Libertarians for Life Advertising Mailing Address 13424 Hathaway Drive ZIP Code City State Wheaton MD 20906 Outstanding Balance Beginning This Period Transaction ID: SD10.34419 18.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 18.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Libertarians for Life Advertising Mailing Address 13424 Hathaway Drive State ZIP Code City Wheaton MD 20906 Outstanding Balance Beginning This Period Transaction ID: SD10.34420 18.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

0.00

18.00

0.00

(Use separate

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DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) Libertarian National Committee			
<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor of Libertarians for Life	or Creditor	Nature of I Advertisi	Debt (Purpose): ng
Mailing Address 13424 Hathaway Drive			
City State Wheaton MD	ZIP Code 20906		
Outstanding Balance Beginning This Period		Tr	ansaction ID: SD10.34421
18.00		•••	
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00	-	18.00
0.00	0.00		10.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of Libertarians for Life	or Creditor	Nature of I Advertisi	Debt (Purpose): ng
Mailing Address 13424 Hathaway Drive			
City State Wheaton MD	ZIP Code 20906		
Outstanding Balance Beginning This Period	20906	_	15 0540 04400
		Ira	ansaction ID: SD10.34422
18.00	Downsont This Desired	0.15155	l'an Balanca al Olara el Tida Badad
Amount Incurred This Period	Payment This Period		ling Balance at Close of This Period
0.00	0.00		18.00
C. Full Name (Last, First, Middle Initial) of Debtor of Libertarians for Life	or Creditor	Nature of I Advertisi	Debt (Purpose): ng
Mailing Address 13424 Hathaway Drive			
City State	ZIP Code		
Wheaton MD	20906		
Outstanding Balance Beginning This Period		Tra	ansaction ID: SD10.34423
18.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		18.00
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	54.00
2) TOTALS This Period (last page this line number or		<b>&gt;</b>	
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only)	<b>&gt;</b>	

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SCHEDULE D (FEC Form 3X)		(Use separate	TAGE 107 / 100
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER:
Excluding Loans		numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			X 10
Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of Libertarians for Life	or Creditor	Nature of D Advertisin	rebt (Purpose):
Mailing Address 13424 Hathaway Drive			
City State Wheaton MD	ZIP Code 20906		
Outstanding Balance Beginning This Period 18.00		Tra	nsaction ID: SD10.34424
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		18.00
B. Full Name (Last, First, Middle Initial) of Debtor of Libertarians for Life	or Creditor	Nature of D Advertisin	ebt (Purpose):
Mailing Address 13424 Hathaway Drive			
City State Wheaton MD	ZIP Code 20906		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.34425
18.00 Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		18.00
C. Full Name (Last, First, Middle Initial) of Debtor of Libertarians for Life	or Creditor	Nature of D Advertisin	ebt (Purpose):
Mailing Address 13424 Hathaway Drive		, tavortion	9
City State Wheaton MD	ZIP Code 20906		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.34426
18.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		18.00
SUBTOTALS This Period This Page (optional)		. • .	54.00
		_	1 1 1 1 1 1 1 1

(Use separate schedule(s)

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OR LINE NUMBER:	_
check only one)	
	г

Excluding Loans		numbered line)	(Check only one) X 10
NAME OF COMMITTEE (In Full) Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of Libertarians for Life	or Creditor	Nature of De Advertising	ebt (Purpose): g
Mailing Address 13424 Hathaway Drive			
City State Wheaton MD	ZIP Code 20906		
Outstanding Balance Beginning This Period		Trar	saction ID: SD10.34427
18.00			
Amount Incurred This Period	Payment This Period	Outstandin	g Balance at Close of This Period
0.00	0.00		18.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of Libertarians for Life	or Creditor	Nature of De Advertising	ebt (Purpose): g
Mailing Address 13424 Hathaway Drive			
City State Wheaton MD	ZIP Code 20906		
Outstanding Balance Beginning This Period		Trar	nsaction ID: SD10.34428
18.00			
Amount Incurred This Period	Payment This Period	Outstandin	g Balance at Close of This Period
0.00	0.00		18.00
C. Full Name (Last, First, Middle Initial) of Debtor of Wanda Logan	or Creditor	Nature of De Advertising	ebt (Purpose): g
Mailing Address 3718 Hoadly Loop			
City State Tumwater WA	ZIP Code 98501		
Outstanding Balance Beginning This Period		Trar	nsaction ID: SD10.34434
84.00			
Amount Incurred This Period	Payment This Period	Outstandin	g Balance at Close of This Period
0.00	0.00		84.00
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	120.00
2) TOTALS This Period (last page this line number or	nly)	. >	
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	<b>&gt;</b>	

(Use separate schedule(s)

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FOR LINE NUMBER: \_\_\_

DEBTS AND OBLIGATIONS		for each numbered line)	(check only one)	9
Excluding Loans  NAME OF COMMITTEE (In Full)		Tiamberea line)		X 10
Libertarian National Committee				
A. Full Name (Last, First, Middle Initial) of Debto Wanda Logan	r or Creditor	Nature of D Advertisin	ebt (Purpose):	
Mailing Address 3718 Hoadly Loop				
City State Tumwater WA	ZIP Code 98501			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.3	4436
84.00				
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of	This Period
0.00	0.00			84.00
B. Full Name (Last, First, Middle Initial) of Debto Wanda Logan	r or Creditor	Nature of D Advertisin	ebt (Purpose):	
Mailing Address 3718 Hoadly Loop				
City State Tumwater WA	ZIP Code 98501			
Outstanding Balance Beginning This Period 84.00		Tra	nsaction ID: SD10.3	4437
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of	This Period
0.00	0.00			84.00
C. Full Name (Last, First, Middle Initial) of Debto Wanda Logan	r or Creditor	Nature of D Advertsiin	ebt (Purpose):	
Mailing Address 3718 Hoadly Loop				
City State Tumwater WA	ZIP Code 98501			
Outstanding Balance Beginning This Period	30001	Tra	nsaction ID: SD10.3	4438
84.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of	This Period
0.00	0.00			84.00
SUBTOTALS This Period This Page (optional).		<b>&gt;</b>	252	.00
2) TOTALS This Period (last page this line number	only)	<b>&gt;</b>		
3) TOTALS OUTSTANDING LOANS from Sched	ule C (last page only)	<b>&gt;</b>		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	- <b>-</b>		

(Use separate

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DEBTS AND OBLIGATIONS Excluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of Wanda Logan	r Creditor	Nature of D Advertisin	ebt (Purpose): g
Mailing Address 3718 Hoadly Loop			
City State Tumwater WA	ZIP Code 98501		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.34439
84.00			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
0.00	0.00		84.00
B. Full Name (Last, First, Middle Initial) of Debtor of Wanda Logan	r Creditor	Nature of D Advertisin	ebt (Purpose): g
Mailing Address 3718 Hoadly Loop			
City State Tumwater WA	ZIP Code 98501		
Outstanding Balance Beginning This Period	30301	Trai	nsaction ID: SD10.34440
84.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		84.00
C. Full Name (Last, First, Middle Initial) of Debtor of Wanda Logan	r Creditor	Nature of D Advertisin	ebt (Purpose): g
Mailing Address 3718 Hoadly Loop			
City State Tumwater WA	ZIP Code 98501		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.34441
84.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		84.00
1) SUBTOTALS This Period This Page (optional)		. •	252.00
2) TOTALS This Period (last page this line number or	ly)	<b>&gt;</b>	1 1 1 1 1 1 1
3) TOTALS OUTSTANDING LOANS from Schedule	C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	<b>&gt;</b>	

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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 141 / 130
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
		for each numbered line)	(check only one) 9
Excluding Loans  NAME OF COMMITTEE (In Full)			X 10
Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
Wanda Logan		Advertisin	g
Mailing Address 3718 Hoadly Loop			
City State	ZIP Code		
Tumwater WA  Outstanding Balance Beginning This Period	98501		
84.00		ıra	nsaction ID: SD10.34442
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00	-	84.00
0.00	0.00		04.00
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor Wanda Logan	or Creditor	Nature of D Advertisin	ebt (Purpose): g
Mailing Address 3718 Hoadly Loop			
City State Tumwater WA	ZIP Code 98501		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.34444
84.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		84.00
C. Full Name (Last, First, Middle Initial) of Debtor Wanda Logan	or Creditor	Nature of D Advertisin	ebt (Purpose):
Mailing Address 3718 Hoadly Loop			
City State Tumwater WA	ZIP Code 98501		
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.34445
84.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		84.00
1) SUBTOTALS This Period This Page (optional)		<b>•</b>	252.00
2) TOTALS This Period (last page this line number of	only)	<b>&gt;</b>	
3) TOTALS OUTSTANDING LOANS from Schedul	le C (last page only)	<b>&gt;</b>	

(Use separate schedule(s) for each

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FOR LINE NUMBER:
(check only one)

DEBTS AND OBLIGATIONS			edule(s) r each	(check only one) 9	
Excluding Loans			ered line)	X 10	
NAME OF COMMITTEE (In Full)					
Libertarian National Committee					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wanda Logan			Nature of Debt (Purpose): Advertising		
Mailing Address 3718 Hoadly Loop					
City State Tumwater WA	ZIP Code 98501				
Outstanding Balance Beginning This Period			Tran	saction ID: SD10.34447	
84.00					
	Developed This Deviced		0.1.1	- Delever of Olever of This Desired	
Amount Incurred This Period	Payment This Period	-	Outstandin	g Balance at Close of This Period	
0.00	0.00	)		84.00	
B. Full Name (Last, First, Middle Initial) of Debtor of Wanda Logan  Mailing Address 3718 Hoadly Loop	r Creditor		Nature of De Advertising	ebt (Purpose):	
City State Tumwater WA	ZIP Code 98501				
	30301				
Outstanding Balance Beginning This Period			Tran	saction ID: SD10.34448	
84.00					
Amount Incurred This Period	Payment This Period		Outstandin	g Balance at Close of This Period	
0.00	0.00	)		84.00	
C. Full Name (Last, First, Middle Initial) of Debtor of MSI-ACI Holding LLC	r Creditor			ebt (Purpose): search Non Candi-	
Mailing Address 650 Park Avenue					
City. Chate	ZID Codo				
City State King of Prussia PA	ZIP Code 19406				
Outstanding Balance Beginning This Period			Tu	saction ID: SD10.180625	
			ıran	ISACTION ID: 5D10.160625	
4035.00					
Amount Incurred This Period	Payment This Period		Outstandin	g Balance at Close of This Period	
0.00	0.00	)		4035.00	
1) SUBTOTALS This Period This Page (optional)				4203.00	
2) TOTALS This Period (last page this line number or	lly)	<b>&gt;</b>			
3) TOTALS OUTSTANDING LOANS from Schedule	C (last page only)	▶			
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	, <b>&gt;</b>			

(Use separate schedule(s) for each

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FOR LINE NUMBER:
(check only one)

DEBTS AND OBLIGATIONS			dule(s) each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			ered line)	X 10
NAME OF COMMITTEE (In Full)				
Libertarian National Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of MSI-ACI Holding LLC	or Creditor			ebt (Purpose): search Study
Mailing Address 650 Park Avenue				
City State King of Prussia PA	ZIP Code 19406			
Outstanding Balance Beginning This Period			Tran	saction ID: SD10.183658
0.00				
			0	5
Amount Incurred This Period	Payment This Period	-	Outstandin	g Balance at Close of This Period
4035.00	0.00	)		4035.00
B. Full Name (Last, First, Middle Initial) of Debtor of MV Global  Mailing Address 932 Sligo Ave	or Creditor		lature of De	ebt (Purpose): Systems
City State Silver Spring MD	ZIP Code 20910			
Outstanding Balance Beginning This Period			T	
			ıran	saction ID: SD10.80546
630.00				
Amount Incurred This Period	Payment This Period		Outstandin	g Balance at Close of This Period
0.00	0.00	)		630.00
C. Full Name (Last, First, Middle Initial) of Debtor of Ed Nagel	or Creditor		lature of De Advertisinç	ebt (Purpose):
Mailing Address PO Box 2823				
O'th . Charles	ZID Code			
City State Santa Fe NM	ZIP Code 87504-2823			
Outstanding Balance Beginning This Period	0.001 2020		Tues	saction ID: SD10.32982
			ıran	Saction ID: 5D10.32962
105.00				
Amount Incurred This Period	Payment This Period		Outstandin	g Balance at Close of This Period
0.00	0.00	)		105.00
1) SUBTOTALS This Period This Page (optional)		. •	U U	4770.00
2) TOTALS This Period (last page this line number or	nly)	. •		
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	. •		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	•		

#### PAGE 144 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Internet Hosting Services NetFire.com - Speakeasy Mailing Address c/o Speakeasy Accounts Receivable 1201 Western Ave. ZIP Code City State WA 98101 Seattle Outstanding Balance Beginning This Period Transaction ID: SD10.171294 280.37 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 280.37 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): P Samuel New Petty Cash Reimbursement Mailing Address 1227 1/2 Massachusetts Ave., SE ZIP Code State Washington DC 20003

88.81		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	88.81
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor P Samuel New		Nature of Debt (Purpose): Petty Cash Reimbursement
Mailing Address 1227 1/2 Massachusetts	Ave., SE	
City State	ZIP Code	
Washington DC	20003	
Outstanding Balance Beginning This Period 270.01		Transaction ID: SD10.80549
Amount Incurred This Period  0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 270.01

Transaction ID: SD10.69887

639.19

Outstanding Balance Beginning This Period

1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

(Use separate

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EBTS AND OBLIGATIONS	AND ADITIONS		(check only one) 9
xcluding Loans	Loans		
NAME OF COMMITTEE (In Full)			
Libertarian National Committee			
A. Full Name (Last, First, Middle Initial) of Debto Tom Pilitowski	r or Creditor	Nature of D	ebt (Purpose):
AASTER Address COOO FFA To all To all III	007		
Mailing Address 3280-55A Tamiami Trail #	297		
City State Port Charlotte FL	ZIP Code 33952		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.19575
19.50			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		19.50
B. Full Name (Last, First, Middle Initial) of Debto Tom Pilitowski	r or Creditor	Nature of De Advertisin	ebt (Purpose): g
Mailing Address 3280-55A Tamiami Trail #	297		
City State Port Charlotte FL	ZIP Code 33952		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.19576
19.50			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		19.50
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		ebt (Purpose):
Tom Pilitowski		Advertisin	9
Mailing Address 3280-55A Tamiami Trail #	297		
City State	ZIP Code		
Port Charlotte FL	33952		
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.19577
19.50			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		19.50
1) SUBTOTALS This Period This Page (optional).		<b>•</b>	58.50
2) TOTALS This Period (last page this line number	only)	<b>&gt;</b>	
3) TOTALS OUTSTANDING LOANS from Schedu	ule C (last page only)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	- b	

### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s)

PAGE 146 / 158

FOR LINE NUMBER:

Excluding Loans		for each numbered line)	(check only one)	X 10
NAME OF COMMITTEE (In Full)		,		
Libertarian National Committee				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):	
Tom Pilitowski		Advertisin	ıg	
Mailing Address 3280-55A Tamiami Trail #	297			
City State	ZIP Code			
Port Charlotte FL	33952			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.19	2578
		IIa	ilsaction ib. OD 10.1.	3370
19.50				
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of	This Period
0.00	0.00			19.50
				, 0.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):	
Tom Pilitowski		Advertisin		
Mailing Address 3280-55A Tamiami Trail #	297			
City State	ZIP Code			
Port Charlotte FL	33952			
Outstanding Balance Beginning This Period		<b>T</b>		DE 70
		ıra	nsaction ID: SD10.19	9079
19.50				
Amount Incurred This Period	Payment This Period	Outstandii	This Period	
0.00	0.00	, , , , ,		19.50
0.00	0.00			10.00
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):	
Tom Pilitowski		Advertisin		
Mailing Address 3280-55A Tamiami Trail #	297			
City State	ZIP Code			
Port Charlotte FL	33952			
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.19	2580
		114	nisaction ib. Ob 10.1.	3000
19.50				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of	This Period
0.00	0.00	)		19.50
				<b>50</b>
1) SUBTOTALS This Period This Page (optional).			58	.50
2) TOTALS This Period (lest page this line number	only	<b>•</b>		
2) TOTALS This Period (last page this line number	Only)			
3) TOTALS OUTSTANDING LOANS from Sched	ule C (last page only)	<b>→</b>		
,	( F 9 - 2 ) /	_ =====================================		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	<b>&gt;</b>		

(Use separate schedule(s)

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FOR LINE NUMBER:

DE	EBTS AND OBLIGATIONS			r each	(check only one)	··
Excluding Loans				pered line)	,	X 10
	AME OF COMMITTEE (In Full)					
Li	bertarian National Committee					
	A. Full Name (Last, First, Middle Initial) of Debtor of Tom Pilitowski	or Creditor		Nature of Do	ebt (Purpose): g	
	Mailing Address 3280-55A Tamiami Trail #2	97				
	City State Port Charlotte FL	ZIP Code 33952				
	Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.19	9581
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of T	This Period
	0.00	0.00	)			19.50
	B. Full Name (Last, First, Middle Initial) of Debtor (Roger Pope	or Creditor			ebt (Purpose): ess petitioning	
	Mailing Address 1916-C Wilmette Ave					
	City State Wilmette IL	ZIP Code 60091				
	Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.37	7009
	726.00					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of T	This Period
		0.00	, "	Gutstarian	ig Balarioc at Glose of	726.00
	0.00	0.00	,			720.00
	C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):	
	Prospect Tech			Network a tems Mair	nd Telephone Sys- ntenanc	
	Mailing Address 3246 Prospect St NW					
	·					
	City State Washington DC	ZIP Code 20007				
	Outstanding Balance Beginning This Period	20001		<b>T</b>		20000
				ıraı	nsaction ID: SD10.18	30626
	5419.00					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of	This Period
	0.00	2919.00	)			2500.00
1)	SUBTOTALS This Period This Page (optional)				3245	.50
2)	TOTALS This Period (last page this line number o	nly)	,	-		
3)	TOTALS OUTSTANDING LOANS from Schedul	e C (last page only)	. •			
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	<u> </u>			

### **SCHEDULE D (FEC Form 3X)** DEBTS AND OBLIGATIONS E

(Use separate schedule(s)

PAGE 148 / 158 FOR LINE NUMBER: \_\_\_

	EBIS AND OBLIGATIONS			or each bered line)	(check only one)	9
	Cluding Loans  AME OF COMMITTEE (In Full)		Hulli	bered line)		X   10
	bertarian National Committee					
	A. Full Name (Last, First, Middle Initial) of Debtor Prospect Tech	or Creditor			ebt (Purpose): Phone Systems Mai-	
	Mailing Address 3246 Prospect St NW			ntonanoo		
	City State Washington DC	ZIP Code 20007				
	Outstanding Balance Beginning This Period	20007		Tuo	nsaction ID: SD10.18	22650
	0.00			ıraı	nsaction id: 3010.10	55059
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of	This Period
	3420.00	0.00	)			3420.00
	B. Full Name (Last, First, Middle Initial) of Debtor QUI1 - Quill Corporation	or Creditor		Nature of D Office Sup	ebt (Purpose): oplies	
	Mailing Address PO Box 94081					
	City State Palatine IL	ZIP Code 60094-4801				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: SD10.17	71295
	201.40					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of T	This Period
	0.00	0.00	)			201.40
	C. Full Name (Last, First, Middle Initial) of Debtor Richard Rider	or Creditor		Nature of D Advertisin	ebt (Purpose): g	
	Mailing Address 10969 Red Cedar Dr					
	City State	ZIP Code				
	San Diego CA	92131-1306				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: SD10.34	4465
	137.50					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of T	This Period
	0.00	0.00	)			137.50
1	SUBTOTALS This Period This Page (optional)				3758	.90
	TOTALS This Period (last page this line number o		—.	-		1 1
	) TOTALS OUTSTANDING LOANS from Schedul	•	·— ,		• • • • •	• •
				-		• •
4	) ADD 2) and 3) and carry forward to appropriate li	ne or Summary Page (last page only	, -			

(Use separate

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	EBTS AND OBLIGATIONS  xcluding Loans				` ' '	9
N	AME OF COMMITTEE (In Full) ibertarian National Committee					
	A. Full Name (Last, First, Middle Initial) of Debtor of Steve Rosa	or Creditor			ebt (Purpose): I Report Non Cand-	
	Mailing Address 4829 West Braddock Road,					
	City State Alexandria VA	ZIP Code 22311				
	Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.180627		
	487.50					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Pe	eriod
	0.00	0.00	)		487.5	50
	B. Full Name (Last, First, Middle Initial) of Debtor of State Farm Insurance Companies	or Creditor		Nature of Do	ebt (Purpose):	
	Mailing Address PO Box 680001					
	City State Dallas TX	ZIP Code 75368-0001				
	Outstanding Balance Beginning This Period	Trai	nsaction ID: SD10.171257			
	447.00					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Pe	riod
	0.00	0.00	)		447.0	00
	C. Full Name (Last, First, Middle Initial) of Debtor of State Farm Insurance Companies	or Creditor		Nature of Do	ebt (Purpose):	
	Mailing Address One State Farm Drive					
	City State Frederick MD	ZIP Code 21709-1000				
	Outstanding Balance Beginning This Period			Trai	nsaction ID: SD10.183660	
	0.00					
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Pe	eriod
	1004.49	0.00	)		1004.4	49
1)	) SUBTOTALS This Period This Page (optional)			-	1938.99	
2	) TOTALS This Period (last page this line number or	nly)	>	·		
3	) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	•	·		
4	) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	) <b>&gt;</b>	·		

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SOFILE D (I LO I OFFI SK)		(Use separate					
DEDTE AND ORLICATIONS			FOR LINE NUMBER (check only one)	R:			
Excluding Loans	for each numbered line)	(Check only one)	X 10				
NAME OF COMMITTEE (In Full)				17, 10			
Libertarian National Committee							
		T					
A. Full Name (Last, First, Middle Initial) of Deb	or or Creditor		ebt (Purpose):				
Corey Stern		Advertisin	g				
Mailing Address 10420 Buckingham Dr							
City State	ZIP Code						
Eden Prairie MN	55347-2939						
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.32	2992			
48.75							
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of T	This Period			
0.00							
0.00	0.00	)		48.75			
B. Full Name (Last, First, Middle Initial) of Deb	or or Creditor	Nature of D	ebt (Purpose):				
Corey Stern		Advertisin					
Mailing Address 10420 Buckingham Dr							
City State	ZIP Code						
Eden Prairie MN	55347-2939						
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.32	2993			
48.75							
Amount Incurred This Period	December This Decised	Outstandin	0				
	Payment This Period		ng Balance at Close of T	-			
0.00	0.00			48.75			
C. Full Name (Last First Middle Initial) of Deb	ar ar Craditar	Noture of D	obt (Durages):				
C. Full Name (Last, First, Middle Initial) of Deb Corey Stern	or or Creditor	Advertisin	ebt (Purpose): a				
,			9				
Mailing Address 10420 Buckingham Dr							
City State	ZIP Code						
Eden Prairie MN	55347-2939						
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.32	2001			
		IIa	iisaction ib. OD 10.02	.554			
48.75							
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of T	his Period			
0.00	0.00			48.75			
4) CURTOTAL C. This Research the Research of the		•	146.	25			
1) SUBTOTALS This Period This Page (optional	)		170.				
2) TOTALS This Period (last page this line number	er only)	. •					
3) TOTALS OUTSTANDING LOANS from Sche	dule C (last page only)	. •					

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS** Ex

(Use separate schedule(s)

PAGE 151 / 158 FOF

R LINE NUMBER:	
eck only one)	
	$\sim$

Li

cluding Loans		numbered line) (check only one) 9			
IAME OF COMMITTEE (In Full) ibertarian National Committee					
A. Full Name (Last, First, Middle Initial) of Debtor (Telecompute Corporation	Nature of Debt (Purpose): Telephone Service				
Mailing Address P.O. Box 106019					
City State Atlanta GA	ZIP Code 30348-6019				
Outstanding Balance Beginning This Period		Transaction ID: SD10.171296			
70.13					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	70.13			
B. Full Name (Last, First, Middle Initial) of Debtor of Telecompute Corporation	or Creditor	Nature of Debt (Purpose): Telephone Service			
Mailing Address P.O. Box 106019					
City State Atlanta GA	ZIP Code 30348-6019				
Outstanding Balance Beginning This Period		Transaction ID: SD10.180628			
52.25					
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00	52.25			
C. Full Name (Last, First, Middle Initial) of Debtor (Tri-State	or Creditor	Nature of Debt (Purpose): Printing Services Non Candidate			
Mailing Address Attn: Nancy/David 6900 Faigle Road					
City State	ZIP Code				
Beltsville MD  Outstanding Balance Beginning This Period	20705	Transaction ID: SD10.110805			
65.00		Transaction id. 3D10.110003			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period			
0.00	0.00				
		<b>▶</b> 187.38			
SUBTOTALS This Period This Page (optional)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
2) TOTALS This Period (last page this line number only)					
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)					
A) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	<b>&gt;</b>			

### **SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

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FOR LINE NUMBER: (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Printing Services Non Candidate Tri-State Mailing Address Attn: Nancy/David 6900 Faigle Road ZIP Code City State Beltsville 20705 MD Outstanding Balance Beginning This Period Transaction ID: SD10.175117 564.80 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 564.80 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Printing Services Non Candidate Tri-State Mailing Address Attn: Nancy/David 6900 Faigle Road ZIP Code State City Beltsville MD 20705 Outstanding Balance Beginning This Period Transaction ID: SD10.175174 2189.25 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 2189.25 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Unity Design Convention Logo Design Mailing Address Upton Ethelbah 13201 Amarillo Ave State ZIP Code City Austin 78729 TΧ Outstanding Balance Beginning This Period Transaction ID: SD10.180629 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 500.00

	П		_					_			
1) SUBTOTALS This Period This Page (optional)	▶ [						3	254	.05		
		-	-		-			-			
2) TOTALS This Period (last page this line number only)	<b>7</b> [										
				-	-					-	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	<b>&gt;</b> [										
		-	-	-							П
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶ [										

#### PAGE 153 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Data and Telephone Servic-US LEC Mailing Address PO Box 60130 City State ZIP Code Charlotte NC 28260-1310 Outstanding Balance Beginning This Period Transaction ID: SD10.177693 554.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 554.15 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Telecom and Data Services US LEC Mailing Address PO Box 60130 ZIP Code City State Charlotte NC 28260-1310 Outstanding Balance Beginning This Period Transaction ID: SD10.180631 552.39 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 552.39 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Walton Press Printing/Mailing Non Candidate Mailing Address 402 Mayfield Dr

0.00	L	_	_	_	_	_	_	_			7.00
1) SUBTOTALS This Period This Page (optional)		1	-	-	-	-	_	110	06.	54	
2) TOTALS This Period (last page this line number only)											
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)				-							
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)											

Payment This Period

0115 74

Transaction ID: SD10.175175

Outstanding Balance at Close of This Period

0 00

ZIP Code

30655

PO Box 966

GA

Outstanding Balance Beginning This Period

Amount Incurred This Period

2115.74

0.00

State

City Monroe

#### PAGE 154 / 158 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Libertarian National Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Candidate Printing/Ma-iling Walton Press Mailing Address 402 Mayfield Dr PO Box 966 ZIP Code City State 30655 Monroe GA Outstanding Balance Beginning This Period Transaction ID: SD10.177689 3328.43 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3328.43 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WAR1 - Warner, Norcross & Judd Legal Services Mailing Address 111 Lyon St NW Fith Third Center STE #900 State 7IP Code City **Grand Rapids** 49503-2487 MI Outstanding Balance Beginning This Period Transaction ID: SD10.175176 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WAR1 - Warner, Norcross & Judd Legal Services Mailing Address 111 Lyon St NW Fith Third Center STE #900 State ZIP Code City **Grand Rapids** MΙ 49503-2487 Outstanding Balance Beginning This Period Transaction ID: SD10.177690 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 5000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

(Use separate

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DEBTS AND OBLIGATIONS	for each	(check only one) 9				
Excluding Loans	numbered line)	X 10				
NAME OF COMMITTEE (In Full)						
Libertarian National Committee						
A. Full Name (Last, First, Middle Initial) of Debtor of WAR1 - Warner, Norcross & Judd	or Creditor	Nature of D Legal Ser	ebt (Purpose): vices			
Mailing Address 111 Lyon St NW Fith Third Center STE #900						
City State Grand Rapids MI	ZIP Code 49503-2487					
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.180632			
2694.69						
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period			
0.00	0.00		2694.69			
B. Full Name (Last, First, Middle Initial) of Debtor of WAR1 - Warner, Norcross & Judd	or Creditor	Nature of D Legal Ser	ebt (Purpose): vices			
Mailing Address 111 Lyon St NW Fith Third Center STE #900						
City State Grand Rapids MI	ZIP Code 49503-2487					
Outstanding Balance Beginning This Period		Trai	nsaction ID: SD10.183661			
0.00						
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period			
2500.00	0.00		2500.00			
C. Full Name (Last, First, Middle Initial) of Debtor of Washington Pension Center	or Creditor	Nature of D 401 K Pla	ebt (Purpose): n Fee			
Mailing Address 7315 Wisconsin Ave Ste 50	0 West					
City State Bethesda MD	ZIP Code 20814-3206					
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.175121			
100.00						
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period			
0.00	0.00		100.00			
SUBTOTALS This Period This Page (optional)		<b>•</b>	5294.69			
2) TOTALS This Period (last page this line number of	nly)	- <b>-</b> -	138126.64			
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	<b>&gt;</b>				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)						

### Image# 27960045066

Form/Schedule: **F3XA**Transaction ID:

Please note the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate. 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200-.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is corrected in a subsequent amendment filed by the next regularly scheduled reporting date. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

Form/Schedule: SA17 Purchase of LP Material Sales Inventory at Fair Market Value

Transaction ID: SA17.183624

Image# 27960045	067
Form/Schedule: <b>SD9</b> Transaction ID: <b>SD9.15703</b>	(Current loan balance of 20.00 has been forgiven) (A previous settlement of 20.00 has been rescinded) (Current loan balance of 20.00 has been forgiven)

Form/Schedule: **SD9** (Current loan balance of 25.00 has been forgiven)

Transaction ID: SD9.19679

Image# 27960045068
Form/Schedule: <b>SD10</b> A credit of \$24,188.93 has been issued by the vendor as settlement for disputed charges on this account, resul- Transaction ID: <b>SD10.13006</b> in a reduction of the current debt balance of \$1,365.19.
Form/Schedule: SD10 Debt is no longer in dispute.  Transaction ID: SD10.175109